

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90045 020 \*\*\*150.00

**DOCUMENT # P04000159452**

1. Entity Name  
**GLOBAL SALES & CONSULTING, INC.**



Principal Place of Business  
**601 BRYAN STREET**  
**JACKSONVILLE, FL 32209 US**

Mailing Address  
**9283 SAN JOSE BLVD.**  
**STE 101 ATTN: DAWN WRIGHT**  
**JACKSONVILLE, FL 32257 US**

**DO NOT WRITE IN THIS SPACE**

20012001



04112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1919249** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WRIGHT, DAWN A**  
~~338 EVENTIDE DRIVE~~ **9283 SAN JOSE BLVD**  
~~ORANGE PARK, FL FL~~ **JACKSONVILLE, FL 32257**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

**4/15/08**  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BOMER, JOOST
STREET ADDRESS	SCHEPERSTRAT 1
CITY-ST-ZIP	OEFFELT, OC 5441 PN
TITLE	VP
NAME	WUERDERMAN, THOMAS A
STREET ADDRESS	205 RAIN TREE TRL
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	T
NAME	BOMER, JOOST
STREET ADDRESS	SCHEPERSTRAT 1
CITY-ST-ZIP	OEFFELT, OC 5441 PN
TITLE	S
NAME	BOMER, JOOST
STREET ADDRESS	SCHEPERSTRAT 1
CITY-ST-ZIP	OEFFELT, OC 5431 PN
TITLE	D
NAME	BOMER, JOOST
STREET ADDRESS	SCHEPERSTRAT 1
CITY-ST-ZIP	OEFFELT, OC 5441 PN
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-08**  
 Date

Daytime Phone #