2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 22, 2008 8:00 am Secretary of State

DOCUMENT # P05000087849 1. Entity Name STERTZER CONSULTING, INC.					08-22-2008 90001 014 ***150.00			
Principal Place of Business 3416 BENT OAK STREET VALRICO, FL 33594 Mailing Address 3416 BENT OAK STREET VALRICO, FL 33594			ET				H BBIB5 B	1 ADKSON 11 (DD)
2. Principal P	flace of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc		Suite. Apt. #, etc.		08192008	Chg-P	CR2E034 (12/06	3)	
City & State		City & State		4. FEI Number 20-3206			Applied For Not Applicable	
2ip 33596 Country		33596	SqL Country		<u> </u>	f Status Desired	□ \$8.75 A Fee Requ	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
STERTZER, CHARLOTTE M								
3416 BENT OAK STREET VALRICO, FL 33594				Street Address (P.O. Box Number is Not Acceptable)				
			_	-				
				City	, FL Zip Code			
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								
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 9. Election Campaign Financing \$5 Trust Fund Contribution. Ad					.00 May Be led to Fees			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	
TITLE	Descrie		TITLE NAME		Change Addition			
STREET ADDRESS	1 · · · · · · · · · · · · · · · · · · ·			ADDRESS	, , , , , , , , , , , , , , , , , , ,			
CITY-ST-ZIP			CITY-S	T-ZiP			33596	
TITLE			TITLE		Change Addition			
NAME STREET ADDRESS			NAME STREET	ADDRESS			,	
CITY-ST-ZIP			CITY-S				3359	6
TITLE		☐ Delete	TITLE				☐ Chang	e 🔲 Addition
NAME STREET ADDRESS			NAME	ADDRESS				
CITY-ST-ZIP			CITY-S	I				
TITLE		☐ Deleie	TITLE		·		Chang	e Addition
NAME			NAME					
STREET ADDRESS CITY - ST - ZIP			STREET CITY-S	ADDRESS T-ZIP				
TITLE		☐ Delete	TITLE				Chang	e
NAME			NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP			CITY-S	11×21F			Chase.	e Addition
NAME		☐ Delete	TITLE NAME				☐ Chang	cAUBIIIDI)
STREET ADDRESS			STREET	ADDRESS				:
CITY-ST-ZIP			CITY-S					
I 12. Thereby of	certify that the information supplied wit	h this filing does not qualify fo	or the exem	nptions contained	d in Chapter 119,	Florida Statutes. I	turther 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

1/19/08 83-

Daytime Phone #

ATTACHMENT 40114061

August 19, 2008

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re:

Annual Report for 2008
Stertzer Consulting, Inc.
Doc# P0500087849

Dear Sit of Madam:__

Please find enclosed the annual report for the above referenced corporation. The return is late but I would like to ask that you accept the payment enclosed of \$150 due to my circumstances. I was diagnosed with cancer in January 2008 and had two subsequent surgeries after that diagnosis. I am just recently recovered enough to handle day to day responsibilities and had a huge amount of items to catch up on. The company has no employees and so there has been no activity this year to date. I feel that there is reasonable cause to accept the late payment and filing of this return.

Your consideration in this matter will be greatly appreciated.

Sincerely,

Charlotte M. Stertzer Stertzer Consulting, Inc.

Charloth Stortzer