

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000105053

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** BUSINESS OWNERS SERVICES & CONSULTING, INC.

**Current Principal Place of Business:**

244 E. PARK AVENUE  
LAKE WALES, FL 33853 US

**New Principal Place of Business:**

**Current Mailing Address:**

244 E. PARK AVENUE  
LAKE WALES, FL 33853 US

**New Mailing Address:**

**FEI Number:** 20-3218216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAFF, TULA M ESQUIRE  
3399 CYPRESS GARDENS ROAD  
SUITE C  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

HAFF, TULA M ESQUIRE  
135 NORTH 6TH STREET  
SECOND FLOOR  
HAINES CITY, FL 33844 US

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.

**SIGNATURE:** TULA M HAFF, ESQUIRE

03/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** RUMFELT, THOMAS B  
**Address:** 224 E. PARK AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853 US

**Title:** SDT  
**Name:** BRADLEY, HELENE M  
**Address:** 244 E. PARK AVENUE  
**City-St-Zip:** LAKE WALES, FL 33853 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** HELENE M BRADLEY

SDT

03/28/2011

Electronic Signature of Signing Officer or Director

Date