

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P05000112787	
1. Entity Name DHF CONSULTING, INC.	
Principal Place of Business 2662 ACORN PARK DRIVE SOUTH JACKSONVILLE, FL 32218	Mailing Address 2662 ACORN PARK DRIVE SOUTH JACKSONVILLE, FL 32218



04182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3308582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONDREN, DANIELLE H
2662 ACORN PARK DRIVE SOUTH
JACKSONVILLE, FL 32218

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000733401
05/09/07-80082-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PS
NAME FONDREN, DANIELLE H
STREET ADDRESS 2662 ACORN PARK DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE V
NAME COOK, JOHN
STREET ADDRESS 1832 DENMARK DRIVE
CITY-ST-ZIP FLEMING ISLAND, FL 32003

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

Danielle Harvey Fondren Danielle Harvey Fondren 4/24/07 (904) 537-5013