

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115108

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: COMANCHE CONSULTANCY INC.

## Current Principal Place of Business:

4335 LYNX PAW TRAIL  
VALRICO, FL 33596 US

## New Principal Place of Business:

## Current Mailing Address:

4335 LYNX PAW TRAIL  
VALRICO, FL 33596 US

## New Mailing Address:

FEI Number: 20-3872396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, JESSE  
4335 LYNX PAW TRAIL  
VALRICO, FL 33596 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: NEALON, JAMES  
Address: 105 PINE COURT  
City-St-Zip: OLDSMAR, FL 34677 US

Title: D ( ) Delete  
Name: SCALES, TAMMY  
Address: 4335 LYNX PAW TRAIL  
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete  
Name: JOHNSON, JESSE  
Address: 4335 LYNX PAW TRAIL  
City-St-Zip: VALRICO, FL 33594 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TAMBRA SCALES

MRS.

01/08/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date