2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000119083

1. Entity Name
WILLENBRECHT CONSULTING, INC.

Principal Place of Business	Mailing Address
2790 S. PERIWINKLE AVENUE MIDDLEBURG, FL 32068	2790 S. PERIWINKLE AVENUE MIDDLEBURG, FL 32068

07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3367453
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLENBRECHT, KAREN
2790 S. PERIWINKLE AVENUE
MIDDLEBURG, FL 32068

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	WILLENBRECHT, KAREN
STREET ADDRESS	2790 S. PERIWINKLE AVENUE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VP
NAME	WILLENBRECHT, ROBERT
STREET ADDRESS	2790 S. PERIWINKLE AVENUE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954892
07/15/08-80002-010 150.00

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: _____ 7/15/08 (904) 282-0851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #