

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90121 032 ***150.00

DOCUMENT # P05000140356

1. Entity Name

ROBERT R. ROWE CONSULTING, INC.



Principal Place of Business

5300 SW 91ST TERRACE
SUITE B
GAINESVILLE FL 32608

Mailing Address

5300 SW 91ST TERRACE
SUITE B
GAINESVILLE FL 32608



2. Principal Place of Business

2887 SW 93rd Drive

3. Mailing Address

2887 SW 93rd Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

20-3643107

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32608

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROWE, ROBERT R
5300 SW 91ST TERRACE
SUITE B
GAINESVILLE FL 32608

Name

Robert R. Rowe

Street Address (P.O. Box Number is Not Acceptable)

2887 SW 93rd Drive

City

Gainesville

FL

Zip Code

32608

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

Robert R. Rowe

Feb. 23, 2006

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, S ☐ Delete
NAME ROWE, ROBERT R
STREET ADDRESS 5300 SW 91ST TERRACE, SUITE B
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Robert R. Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 23, 2006 (352) 332-5007

Date Daytime Phone #