

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 24, 2006 8:00 am
Secretary of State

04-12-2006 90091 050 ***150.00

DOCUMENT # P05000144765 1. Entity Name LAURA K. DANIELS, RN, CLNC CONSULTING INC.																																																							
Principal Place of Business 2885 E. SPINNAKER DRIVE AVON PARK, FL 33825			Mailing Address 2885 E. SPINNAKER DRIVE AVON PARK, FL 33825																																																				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																				
City & State			City & State																																																				
Zip		Country		Zip																																																			
Country		Country		4. FEI Number 20-3690397																																																			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable																																																			
6. Name and Address of Current Registered Agent DANIELS, LAURA K 2885 E. SPINNAKER DRIVE AVON PARK, FL 33825				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																			
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.				FL Zip Code																																																			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>DANIELS, LAURA K</td> <td>2885 E. SPINNAKER DRIVE</td> <td>AVON PARK, FL 33825</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete		DANIELS, LAURA K	2885 E. SPINNAKER DRIVE	AVON PARK, FL 33825		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition																																			
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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: <i>Laura K Daniels</i> LAURA DANIELS 4/19/06 28633860417 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																							