

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90035 001 ***550.00

DOCUMENT # P05000151145

1. Entity Name

INLAND CONSULTANTS CORP.



Principal Place of Business

19227 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912
US

Mailing Address

19227 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOCAIRE, JOAN M
19227 VINTAGE TRACE CIRCLE
FT. MYERS FL 33912

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Joan M. Vocaire

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

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VOCAIRE, JOAN M	
STREET ADDRESS	19227 VINTAGE TRACE CIRCLE	
CITY - ST - ZIP	FT. MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VOCAIRE, ANTHONY M	
STREET ADDRESS	19227 VINTAGE TRACE CIRCLE	
CITY - ST - ZIP	FT. MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Joan M. Vocaire JOAN M. VOCAIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06 (440-838-8722)

Date

Daytime Phone #