

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90024 046 \*\*\*150.00

DOCUMENT # P05000163912

1. Entity Name  
LAKE WORTH CONSULTING GROUP, INC.



Principal Place of Business  
4246 CEDAR CREEK RANCH CIRCLE  
LAKE WORTH, FL 33467

Mailing Address  
4246 CEDAR CREEK RANCH CIRCLE  
LAKE WORTH, FL 33467

40000000

2. Principal Place of Business - No P.O. Box #  
4687 N. STATE ROAD 7  
Suite, Apt. #, etc.

3. Mailing Address  
4687 N. STATE ROAD 7  
Suite, Apt. #, etc.

04042008 Chg-P CR2E034 (12/06)

City & State  
COCONUT CREEK, FL

City & State  
COCONUT CREEK, FL

4. FEI Number  
20-3755772

Applied For  
Not Applicable

Zip  
33073-4303

Country  
US

Zip  
33073-4303

Country  
US

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

6. Name and Address of Current Registered Agent

VITALE, ANTHONY J  
4246 CEDAR CREEK RANCH CIRCLE  
LAKE WORTH, FL 33467

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME VITALE, ANTHONY J  
STREET ADDRESS 4246 CEDAR CREEK RANCH CIRCLE  
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
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 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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/08