


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 033 ***150.00

DOCUMENT # P06000000123	
1. Entity Name BCPEABODY CONSULTING, P.A.	

Principal Place of Business 2683 COUNTRY CLUB BLVD ORANGE PK, FL 32073	Mailing Address 2683 COUNTRY CLUB BLVD ORANGE PK, FL 32073
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2. Principal Place of Business - No P.O. Box # 17008 Abasco DE Avila	3. Mailing Address P.O. Box 7039
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State Port St. Lucie, FL
Zip 33613	Zip 34985-7039
Country USA	Country USA

6. Name and Address of Current Registered Agent CARPENTER, ROBERT M 2683 COUNTRY CLUB BLVD ORANGE PK, FL 32073	
7. Name and Address of New Registered Agent Name Robert M Carpenter Street Address (P.O. Box Number is Not Acceptable) 17008 Abasco DE Avila City TAMPA FL Zip Code 33613	

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 M Carpenter PRESIDENT Robert M Carpenter 17 MAR 07
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARPENTER, ROBERT 2683 COUNTRY CLUB BLVD ORANGE PK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Carpenter Robert 17008 Abasco DE Avila TAMPA FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert M Carpenter 17 MAR 07 813-948-1497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #