

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Aug 21, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90020 025 \*\*\*150.00  
08-21-2008 90001 046 \*\*\*400.00



1st MOORE CR2E034 (10/07)

<b>DOCUMENT # P06000076589</b> 1. Entity Name <b>OUTSIDE COUNSEL CONSULTING CORP</b>																										
Principal Place of Business <b>10587 EAST KEY DRIVE BOCA RATON FL 33498</b>			Mailing Address <b>10587 EAST KEY DRIVE BOCA RATON FL 33498</b>																							
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  																							
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  																							
City & State  			City & State  																							
Zip  		Country  		Zip  																						
Country  		Country  		4. FEI Number <b>20-5006796</b> Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SIEGEL, JOSEPH 10587 EAST KEY DRIVE BOCA RATON FL 33498</b>																						
7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring)</small>																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIEGEL, JOSEPH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10587 EAST KEY DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON FL 33498</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	SIEGEL, JOSEPH		STREET ADDRESS	10587 EAST KEY DRIVE		CITY - ST - ZIP	BOCA RATON FL 33498		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY - ST - ZIP		
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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 507, 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: <b>Joseph Siegel</b> <span style="float: right;">7-2-2008 (561) 414-6151 (x101)</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										