

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000118234

FILED
Aug 04, 2007
Secretary of State

Entity Name: GEORGE & JULIE CONSULTING INC

Current Principal Place of Business:

16180 S POST RD #102
WESTON, FL 333313546

New Principal Place of Business:

Current Mailing Address:

16180 S POST RD #102
WESTON, FL 333313546

New Mailing Address:

FEI Number: 20-5572100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, GEORGE
16180 S POST RD #102
WESTON, FL 333313546 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LESTER, GEORGE
Address: 16180 S POST RD #102
City-St-Zip: WESTON, FL 333313546

Title: V () Delete
Name: LESTER, JULIE
Address: 16180 S POST RD #102
City-St-Zip: WESTON, FL 333313546

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE W. LESTER

PRES

08/04/2007

Electronic Signature of Signing Officer or Director

Date