


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90027 008 \*\*\*150.00

<b>DOCUMENT # P07000035082</b>					
<b>1. Entity Name</b> PRINGLE CONSULTING, INC.					
<b>Principal Place of Business</b> 6 CROSS CREEK WAY ORMOND BEACH, FL 32174			<b>Mailing Address</b> 6 CROSS CREEK WAY ORMOND BEACH, FL 32174		
<b>2. Principal Place of Business - No P.O. Box #</b> 175 LAKESIDE DR E		<b>3. Mailing Address</b> 175 LAKESIDE DR E		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> PORT ORANGE, FL		<b>City &amp; State</b> PORT ORANGE, FL		<b>4. FEI Number</b> 20-8691239	
<b>Zip</b> 32128		<b>Country</b> VOLUSIA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
PRINGLE, JOHN A. <del>6 CROSS CREEK WAY</del> <del>ORMOND BEACH, FL 32174</del>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
175 LAKESIDE DR E PORT ORANGE, FL 32128				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when remaining)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> PRINGLE, JOHN A.		<b>TITLE</b> D	<b>NAME</b> PRINGLE, JOHN A.	
<b>STREET ADDRESS</b> <del>6 CROSS CREEK WAY</del>	175 LAKESIDE DR E		<b>STREET ADDRESS</b> <del>6 CROSS CREEK WAY</del>	175 LAKESIDE DR E	
<b>CITY-ST-ZIP</b> <del>ORMOND BEACH, FL 32174</del>	PORT ORANGE, FL 32128		<b>CITY-ST-ZIP</b> <del>ORMOND BEACH, FL 32174</del>	PORT ORANGE, FL 32128	
[Empty rows for additional officers/directors]					
<b>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.</b>					
<b>SIGNATURE:</b> <u>John A. Pringle</u> <b>JOHN A. PRINGLE</b> 1/11/08    352-250-7008					