

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 017 ***150.00

60045062



07092008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000055092			
1. Entity Name COMSPEQ CONSULTING INC			
Principal Place of Business 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 US		Mailing Address 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 1737	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRANDON FL	
Zip	Country	Zip 33509	Country
4. FEI Number 26-0231327		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTON, SUSAN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PIERCE, JOHN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES DODSON, JOHN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT DODSON, JOHN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CASKEY, JAMES 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PIERCE, JOHN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DODSON, JOHN 601 S. FALKENBURG RD., STE. 1-5 TAMPA, FL 33619 <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 lists empowered.			
SIGNATURE: <i>John E. Dodson</i>		07/14/2008 813 6858792	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	