

2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/

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

02-19-2008 90020 023 ***150.00

DOCUMENT # P07000123285					
1. Entity Name NEVOLS CONSULTING INC					
Principal Place of Business 7750 NW 79TH AVE., UNIT H-9 TAMARAC, FL 33321			Mailing Address 7750 NW 79TH AVE., UNIT H-9 TAMARAC, FL 33321		
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	4. FEI Number 26-1425761	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SLOVEN, SUSAN 7750 NW 79TH AVE., UNIT H-9 TAMARAC, FL 33321			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 reappointing)					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOVEN, NEIL 7750 NW 79TH AVE., UNIT H-9 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLOVEN, SUSAN 7750 NW 79TH AVE., UNIT H-9 TAMARAC, FL 33321	<input type="checkbox"/> Delete			
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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 another like empowered.			SIGNATURE: <i>Neil Sloven</i> NEIL SLOVEN		
Date			Daytime Phone #		

66004182



01242008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOVEN, SUSAN
7750 NW 79TH AVE., UNIT H-9
TAMARAC, FL 33321

Name
Street Address (P.O. Box Number is Not Acceptable)
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☐ Change ☐ Addition

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SIGNATURE: *Neil Sloven* **NEIL SLOVEN**

2/15/08 954-895-4215