

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P92000011367

1. Entity Name
CFO CONSULTING, INC.



Principal Place of Business

**6490 HAZELTINE NATIONAL DR
SUITE 100
ORLANDO, FL 32822 US**

Mailing Address

**6490 HAZELTINE NATIONAL DR
SUITE 100
ORLANDO, FL 32822 US**



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3154213

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LUBLIN, STEPHEN G
6490 HAZELTINE NATIONAL DR
SUITE 100
ORLANDO, FL 32822**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUBLIN, STEPHEN G
STREET ADDRESS	2344 BUCKINGHAM RUN CT.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	TS
NAME	LUBLIN, KYLE M.
STREET ADDRESS	2344 BUCKINGHAM RUN CT.
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000845431
03/13/08-80038-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08 (407)658-1874
Date Daytime Phone #