2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000054419

1. Entity Name
BDT CONSULTING, INC.

Principal Place of Business	Mailing Address
908 JENKS AVE PANAMA CITY, FL 32401 US	P.O. BOX 708 PANAMA CITY, FL 32402 US

04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3199182
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARDS-SULLIVAN, THERESA
525 EAST 4TH ST
PANAMA CITY, FL 32401

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 of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000559552
05/18/06-80004-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHARDS-SULLIVAN, THERESA
STREET ADDRESS	525 E 4TH ST
CITY-ST-ZIP	PANAMA CITY, FL
TITLE	V
NAME	GORDON, HELEN
STREET ADDRESS	525 E 4TH ST
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	S
NAME	SABA, ANN
STREET ADDRESS	525 E 4TH ST
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Theresa Richards-Sullivan 042806 850-624-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #