

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P93000082917

**1. Entity Name
CONSULTANT'S LTD., INC.**



**Principal Place of Business
1136 ALMONDWOOD DR.
TRINITY, FL 34655**

**Mailing Address
1136 ALMONDWOOD DR.
TRINITY, FL 34655**



04112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3226602	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

**MORRIS, JACK P
1136 ALMONDWOOD DR.
TRINITY, FL 34655**

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

**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**

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	THOMANN, JAN MARIE
STREET ADDRESS	4321 THORNVIEW SR.
CITY-ST-ZIP	MORROW, OH
TITLE	DS
NAME	LAVERTY, JULIE MARIE
STREET ADDRESS	2820 MEANDERING WAY
CITY-ST-ZIP	BEDFORD, TX 76021
TITLE	DPT
NAME	MORRIS, JACK P
STREET ADDRESS	1136 ALMONDWOOD DR.
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	D
NAME	MORRIS, BARBARA E
STREET ADDRESS	1136 ALMONDWOOD DR.
CITY-ST-ZIP	TRINITY, FL 34655
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/06-80072-007 150.00**

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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: *Jack P. Morris* **JACK P. MORRIS** **4/11/06** **727-372-1666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #