

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # **E93000082917**



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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-3226602**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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, the registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☐ Delete
NAME **THOMANN, JAN MARIE**
STREET ADDRESS **4321 THORNVIEW SR.**
CITY- ST- ZIP **MORROW OH**

TITLE **DS** ☐ Delete
NAME **LAVERTY, JULIE MARIE**
STREET ADDRESS **2820 MEANDERING WAY**
CITY- ST- ZIP **BEDFORD TX 76021**

TITLE **DPT** ☐ Delete
NAME **MORRIS, JACK P**
STREET ADDRESS **1136 ALMONDWOOD DR.**
CITY- ST- ZIP **TRINITY FL 34655**

TITLE **D** ☐ Delete
NAME **MORRIS, BARBARA E**
STREET ADDRESS **1136 ALMONDWOOD DR.**
CITY- ST- ZIP **TRINITY FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000721719**
CITY- ST- ZIP **05/02/07-80002-024 150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Barbara E. Morris** **BARBARA E. MORRIS** **4/16** **727 372-1666**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #