## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2005 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # P93000083839  1. Entity Name AUBURN CONSULTING SERVICES, INC.  |                                  |  |  |   |                      |  |  |   | 01-20-2          | :005 90                                  | 036 042 ***1          | 150.0           | )0                  |
|---|----------------------------------|--|--|---|----------------------|--|--|---|------------------|--|-----------------------|-----------------|---------------------|
| Principal Place<br>P.O. BOX 920<br>TAPRON SPR   | 6                                | POB  | Mailing Address<br>P O BOX 926<br>TARPON SPRINGS, FL 34688 |   |                      |  | 1 ( <b>1881) F</b> F: 319                                      | <b>1 1818 E</b> 1378 <b>8 8</b> 7111 <b>1</b> |                  | 18) 1 <del>313</del> 8 71181 1818 8 1111 | F (2011               |                 |                     |
| 2. Principal P  | lace of Busin                    | 3. Mail  | 3. Mailing Address   |   |                      |  |  |   |                  |  |                       |                 |                     |
| Suite, Apt.   | #, etc.                          | Suite  | e, Apt. #, etc.  |   |                      | 01172005   | Chg-P  |   | CR2E034 (10/0    | 3)                                       |                       |                 |                     |
| City & State  |                                  |  | City   | City & State                            |                      |  |  | 4. FEI Numb<br>59-321                         |                  |  | <u> </u>              | Applie<br>Not A | ed For<br>pplicable |
| Zip   | ·                                |  |  | Zip Coun                                |                      |  | 5. Certificate of Status Desired S8.75 Additional Fee Required |   |                  |  |                       |                 | nai                 |
| 6. Name and Address of Current Registered Agent   |                                  |  |  |   |                      | 7. Name and Address of New Registered Agent                                    |  |   |                  |  |                       |                 |                     |
| WINGATE   | RDIAN                            |  |  | ·* · <del>- i</del>                     |                      | _Name  |  |   |                  |  |                       |                 |                     |
| WINGATE, BRIAN<br>2026 N POINTE ALEXIS DR<br>TARPON SPRINGS, FL 34689   |                                  |  |  |   |                      | Street Address (P.O. Box Number is Not Acceptable)  2013 HAR BOUR WATCH CIRCLE |  |   |                  |  |                       |                 |                     |
|   |                                  |  |  |   |                      | City 14  | RPO  | N SPRIM                                       | 165              |  | FL Zie C              | ode<br>46       | 89                  |
|   | named entiti<br>ions of regist   | ty submits this statement f<br>tered agent.  | for the purp   | ose of changing its                     | s registe            |  |  |   |                  | e of Florida                             | a. I am familiar w    | ith, an         | d accept            |
| SIGNATURE_  | Sonature, typed                  | 1 cyfymiod raime of registered ager  | IGATE<br>red Agent signer.                                 | ne required                             | 1 when reinstating)  |  |  | 1/17/05                                       |                  | _  |                       |                 |                     |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution. |                                  |  |  |   |                      |  | <b>\$5.</b><br>Add   | .00 May Be<br>ed to Fees                      |                  |  |                       |                 |                     |
| 10.   |                                  | OFFICERS AND   | DIRECTO  | DIRECTORS 11.                           |                      |  |  | ADDITIONS                                     | /CHANGES T       | O OFFICE                                 | RS AND DIRECTO        | AI SAC          | V 11                |
| TITLE   | PSTD                             |  |  | ☐ Delete TITLE                          |                      |  |  |   |                  |  | 🔀 Chang               | је [            | Addition            |
| NAME WINGATE, BRIAN   |                                  |  |  | NAM<br>Stre                             |                      |  | 200  | O HARAI                                       | NO WAT           | TCH C                                    | IRCLE                 |                 |                     |
| STREET ADDRESS   2026 N POINTE ALEXIS DR<br>CITY-ST-ZIP   TARPON SPRINGS, FL 34689                                      |                                  |  |  | CITY                                    |                      |  | 201  | 13 HARAI<br>Rlon SI                           | DOINGE           | a  | 34689                 |                 |                     |
| TITLE   | TARFON                           | 3FKING3, FL 34009  |  | ☐ Delete                                | IIT                  |  | 14   | <u> </u>                                      | , 40, 40 3       |  | ☐ Chang               |                 | Addition            |
| NAME  |                                  |  |  |   |                      | ME .   |  |   |                  |  | C. C.iani             | je [            | Addition            |
| STREET ADDRESS  | ORESS .                          |  |  | STRE                                    |                      |  |  |   |                  |  |                       |                 |                     |
| CITY-ST-ZIP   | ļ                                |  |  |   | CIT                  | Y-ST-ZIP   |  |   |                  |  |                       |                 |                     |
| TITLE   | _ 5000                           |  |  |   |                      | LE   |  |   |                  |  | Chang                 | je [            | Addition            |
| NAME<br>Street address  | 1                                |  |  |   |                      | me<br>Reet address   |  |   |                  |  |                       |                 |                     |
| CITY-ST-ZIP   |                                  |  |  |   |                      | Y-ST-ZIP   |  |   |                  |  |                       |                 |                     |
| TITLE   |                                  |  |  | ☐ Delete                                | ħτ                   | lE .   |  |   |                  |  | Chang                 | ge [            | Addition            |
| NAME  |                                  |  |  |   |                      | ME   |  |   |                  |  |                       |                 |                     |
| STREET ADDRESS<br>CITY-ST-ZIP   |                                  |  |  |   |                      | reet address<br>IY-ST-ZIP  |  |   |                  |  |                       |                 |                     |
|   | <u> </u>                         |  |  | П                                       |                      |  |  |   | -                |  |                       |                 |                     |
| TITLE<br>NAME   |                                  |  |  | Delete                                  | TIT<br>NA            |  |  |   |                  |  | ☐ Chang               | je L            | Addition            |
| STREET ADDRESS  |                                  |  |  |   |                      | REET ADDRESS   |  |   |                  |  |                       |                 |                     |
| CITY-ST-ZIP   |                                  |  |  |   | сп                   | IY-ST-ZIP  |  |   |                  |  |                       |                 |                     |
| TITLE   |                                  |  |  | ☐ Defete                                | . 111                | LE   |  |   |                  |  | Chang                 | ge [            | Addition            |
| NAME<br>STREET ADDRESS  |                                  |  |  | .,                                      |                      | ME<br>Reet address   | ١  |   |                  |  |                       |                 |                     |
| CITY-ST-ZIP   |                                  |  |  |   |                      | Y-ST-ZIP   |  |   |                  |  |                       |                 |                     |
| 12. I hereby  | certify that th                  | ne information supplied wi   | ith this filing  | does not qualify for                    | or the ex            | emption stat   | ted in Se  | ection 119.07(3)                              | (i), Florida Sta | itutes. I fui                            | rther certify that th | ne infor        | mation              |
| indicated<br>of the cor   | i on this repo<br>rporation or t | ort or supplemental report<br>the receiver or trustee em<br>tachment with an address | t is true and<br>powered to                                | accurate and that<br>execute this repor | my sign<br>t as requ | ature shall h  | ave the  | same legal effe                               | ct as if made    | under oatl                               | h; that I am an offi  | cer or          | director            |