

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 26, 2007 08:00 A
Secretary of State**

DOCUMENT # P95000037726

1. Entity Name
MCCORMICK CONSULTING SERVICES, INC.



Principal Place of Business
**3372 TURNBERRY LANE
LAKELAND, FL 33803**

Mailing Address
**3372 TURNBERRY LANE
LAKELAND, FL 33803**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3312811	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

**MCCORMICK, ROBERT L
3372 TURNBERRY LN.
LAKELAND, FL 33803**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCCORMICK, ROBERT L
STREET ADDRESS	3372 TURNBERRY LANE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	D
NAME	MCCORMICK, AMELIA
STREET ADDRESS	3372 TURNBERRY LANE
CITY-ST-ZIP	LAKELAND, FL 33803

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

Robert L. McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 11, 2007

Date

863-882-0862

Daytime Phone #