

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90160 008 \*\*\*150.00

**DOCUMENT # P96000006914**

1. Entity Name  
**MEISSNER CONSULTING, INC.**



Principal Place of Business

Mailing Address

221-1 LENELL ROAD  
FORT MYERS BEACH, FL 33931 US

2040 Virginia Avenue  
P.O.Box 308  
Fort Myers, FL 33902



04052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0690460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Sowers, J. Michael, C.P.A.  
c/o Gilbert, Wallace, Stewart,  
McGee, Stramel & Sowers, P.A.  
2040 Virginia Avenue  
P.O. Box 308  
Fort Myers, FL 33902

**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, 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 P  
NAME MEISSNER, GERT M  
STREET ADDRESS EICHEN STRASSE 56  
CITY-ST-ZIP 20255 HAMBURG, GERMANY,

TITLE VST  
NAME MEISSNER, BRIGITTE  
STREET ADDRESS EICHEN STRASSE 56  
CITY-ST-ZIP 20255 HAMBURG, GERMANY,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

✓ 27 April 06