

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000034111**

1. Entity Name  
**AFFECTIVE CONSULTING & INSTRUCTION, INC.**



Principal Place of Business

**1204 BALLINGER RD  
LUTZ, FL 33548 US**

Mailing Address

**1204 BALLINGER RD  
LUTZ, FL 33548 US**

**DO NOT WRITE IN THIS SPACE**



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3373114**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMEK, KARYN  
1204 BALLINGER RD  
LUTZ, FL 33549**

**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 rechartering)

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SOWELL, STEVEN M  
10113 CHIMNEY HILL COURT  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ADAMEK, KARYN L  
10113 CHIMNEY HILL COURT  
TAMPA, FL 33615**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11000008435080  
02/25/06-80027-016 150.00

**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:** Karyn Adamek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 31  
Date

(813) 909-0623  
Daytime Phone if

2006  
Date