

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90272 029 ***150.00

DOCUMENT # P97000027084

1. Entity Name
CONSULTANTS, INC.



Principal Place of Business
1230 S MYRTLE AVENUE
SUITE 301
CLEARWATER, FL 33756 US

Mailing Address
P.O. BOX 359
CLEARWATER, FL 33757-0359 US

14010701



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3445433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, R.M. JR
1230 S. MYRTLE AVE
SUITE 301
CLEARWATER, FL 33756

**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, 2005 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	PCT THOMPSON, R M JR 1230 S. MYRTLE AVE., STE. 301 CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS SAVOIE, TEMPI 1230 S. MYRTLE AVE STE 301 CLEARWATER, FL 33756
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ROBERT M. THOMPSON, JR.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/05

Date

727-446-5937

Daytime Phone #