


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000027084</b> 1. Entity Name CONSULTANTS, INC.	
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Principal Place of Business 1230 S MYRTLE AVENUE SUITE 301 CLEARWATER, FL 33756 US	Mailing Address 1230 S MYRTLE AVENUE SUITE 301 CLEARWATER, FL 33756 US
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03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3445433	Applied For Not Applicable
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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, 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 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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04/26/07-80057-025 150.00

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: R M Thompson 04/15/07 (727) 446-5937  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #