

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90084 007 ***150.00

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03032005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000029261			
1. Entity Name CHARLES W. JENKINS CONSULTING, INC.			
Principal Place of Business 2804 CARDINAL DR VERO BEACH, FL 32963		Mailing Address 3055 CARDINAL DR SUITE 303 VERO BEACH, FL 32963	
2. Principal Place of Business		3. Mailing Address <i>1515 Indian River Blvd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>A-245</i>	
City & State		City & State <i>Vero Beach, FL</i>	
Zip	Country	Zip	Country
		<i>32960</i>	<i>USA</i>
4. FEI Number 65-0742839		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR, SUITE 500E WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name: <i>Rebecca B. Cotton, PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1515 Indian River Blvd, Suite A-245</i> City: <i>Vero Beach</i> FL Zip Code: <i>32960</i>	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JENKINS, CHARLES W. 4074 HEDGEWOOD DR MEDINA, OH 44256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALLEE, MARGARET 2804 CARDINAL DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Charles W. Jenkins</i>		Date: <i>3/18/05</i> Daytime Phone #: <i>330 764 3326</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			