

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90326 048 ***150.00

DOCUMENT # P97000029261

1. Entity Name
CHARLES W. JENKINS CONSULTING, INC.



Principal Place of Business
~~2804 CARDINAL DR~~
VERO BEACH, FL 32963

Mailing Address
1515 INDIAN RIVER BLVD
A-245
VERO BEACH, FL 32960

50010306



2. Principal Place of Business

104 River Oak Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-P CR2E034 (11/05)

City & State

Vero Beach, FL

City & State

4. FEI Number
65-0742839

Applied For
Not Applicable

Zip

32963

Country

Indian River

Zip

Country

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

6. Name and Address of Current Registered Agent

~~COLTON~~
COLTON, PA, REBECCA B
1515 INDIAN RIVER BLVD STE A-245
VERO BEACH, FL 32960

7. Name and Address of New Registered Agent

Name
COLTON, REBECCA B
Street Address (P.O. Box Number is Not Acceptable)
Same
City
FL Zip Code

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

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
104 River Oak Drive
Vero Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALLEE, MARGARET
~~2804 CARDINAL DRIVE~~
VERO BEACH, FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
104 River Oak Drive
Vero Beach, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Charles W. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06
Date

772 231 3525
Daytime Phone #