


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90029 049 \*\*\*150.00

<b>DOCUMENT # P97000029261</b>	
1. Entity Name <b>CHARLES W. JENKINS CONSULTING, INC.</b>	

Principal Place of Business <b>104 RIVER OAK DR VERO BEACH, FL 32963</b>	Mailing Address <b>1515 INDIAN RIVER BLVD A-245 VERO BEACH, FL 32960</b>
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**40057876**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1575 Indian River Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>C-240</b>	
City & State		City & State <b>Vero Beach FL 32960</b>	
Zip	Country	Zip	Country
<b>32960</b>		<b>32960</b>	

01192007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0742839</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>COLTON, REBECCA B 1515 INDIAN RIVER BLVD STE A-245 VERO BEACH, FL 32960</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>1575 Indian River Blvd.</b>
Suite, Apt. #, etc.	<b>Ste. C-240</b>
City	<b>Vero Beach FL</b>
State	<b>FL</b>
Zip	<b>32960</b>

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 <b>Rebecca B. Colton</b>	<b>Rebecca B. Colton</b>	<b>11/23/07</b>
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when resigning)	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, CHARLES W.</b>	NAME	
STREET ADDRESS	<b>104 RIVER OAK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEE, MARGARET</b>	NAME	
STREET ADDRESS	<b>104 RIVER OAK DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <b>Charles W. Jenkins</b>	<b>4/10/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date
	<b>772 231 3525</b>
	Daytime Phone #