FILED
Apr 05, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000097976

1. Entity Name
POITRAS CONSULTING, INC.

Principal Place of Business	Mailing Address
21 GULFSHORE BLVD. N. NAPLES, FL 34102	21 GULFSHORE BLVD. N. NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE

03222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3500064
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POITRAS, JAMES P
21 GULFSHORE BLVD. N.
NAPLES, FL 34102

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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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	POITRAS, JAMES
STREET ADDRESS	21 GULFSHORE BLVD. N.
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000493345
04/20/06 80001-020 150.00

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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: James P Poitras March 31, 2006 239 435 3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #