2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000104631 1. Entity Name J.C. BERTRAND CONSULTANTS, INC.					A	Apr 06, 1 Secre	2006 tary o	08:00 f Stat	AM e
Principal Place of Business Mailing Address									
7315 WINDEMERE LANE UNIVERSITY PARK FL 34201 7315 WINDEMERE LANE UNIVERSITY PARK FL 34201									
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1s	t MOORE	CR2E03	4 (10/05)		
City & State		City & State		4. FEI Numb	^{er} 65-07992	273	\$	polied For at Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent				ame	7. Name and	Address of Nev	w Registered	Agent	
BARTLETT, CHARLES J									
2033 MAIN STREET, STE. 600 SARASOTA FL 34237			St	Street Address (P O. Box Number is Not Acceptable)					
			Ci	ity			Fl	Zip Cod	ia
	named entity submits this statement folions of registered agent.	ir the purpose of changing its	registered of	ffice or register	ed agent. or bo	th, in the State of	Florida. Lam	familiar with,	and accept
SIGNATURE.	Signature typed or ported name of registered agent	and time of applicability (NOTE	Registered Ager	nt signature required	when remstating)		DATE.		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department of	State				9. Election Car Trust Fund C	npargn Financ Contribution.		00 May Be ed to Fees
10.	OFFICERS AND		11.		ADDITIONS	ICHANGES TO C	OFFICERS AN	D DIRECTOR	S 1N 11
NAME	D Delote CHARLEBOIS-BERTRAND , JACQUELINE 7315 WINDEMERE LANE JNIVERSITY PARK FL 34201		Thile Name Street add City-SI-20	ADDRESS				☐ Change	☐ Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP	Detele Tor HA Sit		TYTLE MAME STREET ADO CITY-ST-ZO	,	U00000493666 □ Change □ Addition 04/20/06-80012-025 150.00				
MAMC STREET ADDRESS CITY-ST-ZIP	☐ Delete		NAME STREET ADE EITY-ST-ZI	l l				☐ Change	☐ Addition
TITLE NAME STREET ADDIKSS CITY-ST-ZIP		□ Oeleto	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP		☐ Delete	TITLE MAME STREET ADD CITY-ST-20)				☐ Change	Addition
Title Name Street address City-SI-Zip		☐ Delate	Title Name Street add City-SI-Zi	,				☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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:

About 4/66 941-355-2379