


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000106655**

1. Entity Name  
**LAS CONSULTING INC.**




Principal Place of Business      Mailing Address

**106 BLUE LAKE CT. WOODBRIDGE BLVD**  
**LONGWOOD, FL 32779**

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**LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**



07062006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3480442</b>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHAEFER, LOUIS A III**  
**106 BLUE LAKE CT.**  
**LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**

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 renating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

8. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>SCHAEFER, LOUIS A III</b>
STREET ADDRESS	<b>106 BLUE LAKE CT.</b>
CITY-ST-ZIP	<b>LONGWOOD, FL 32779</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000569010  
 07/11/06-80008-016 150.00

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 fee empowered.

SIGNATURE: *Louis A. Schaefer*      7/6/06      407-387-4590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #