

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000013402 1. Entity Name B. THOMSON CONSULTING CORP.	
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Principal Place of Business 4696 SW 100 STREET OCALA, FL 34476	Mailing Address 4696 SW 100 STREET OCALA, FL 34476
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03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0914139	Additional Fee Required \$8.75
5. Certificate of Status Desired ☐	

6. Name and Address of Current Registered Agent THOMSON, BERNANDINE 4696 SW 100 STREET OCALA, FL 34476

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 the registered agent. SIGNATURE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D THOMSON, BERNANDINE 14650 N BECKLEY SQUARE DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY ST ZIP	D NATOLI, FRANK 4696 SW 100 STREET OCALA, FL 34476
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03/09/05-80019-024 150.00

12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 637, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a letter "X" enclosed. SIGNATURE: <i>B. Thomson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
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