## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000026330 1. Entity Name CURRY CONSULTING, INC.



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

Not Applicable

Principal Place of Business 4056 KILMARTIN DRIVE TALLAHASSEE, FL 32308 Mailing Address

4056 KILMARTIN DRIVE TALLAHASSEE, FL 32308



## DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired S8.75 Additional Fee Required

Name and Address of Current Registered Agent
GRIFFITH, JOHN R ESQ.

HAHN, MCCLURG, WATSON, GRIFFITH & BUSH 101 S. FLORIDA AVENUE LAKELAND, FL 33801

## DO NOT WRITE IN THIS SPACE

1-3 - 2006

59-3569309

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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Age				e required when remetating)	DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Addled to Fees	
10.	OFFICERS AND DIREC	TORS	Γ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, WILLIAM R 4056 KILMARTIN DR TALLAHASSEE, FL 323308				U00000378361 01/09/06-80002-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CURRY, JUNE 4056 KILMARTIN DR TALLAHASSE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
name Street address City-St-Zip					
12. Thereby 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.					

NAME OF SIGNING OFFICER OR DIRECTOR