2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026330

1. Entity Name

CURRY CONSULTING, INC.



FILED Jan 23, 2008 08:00 All Secretary of State

Principal Ptace of Business

Mailing Address

4056 KILMARTIN DRIVE TALLAHASSEE, FL 32308 4056 KILMARTIN DRIVE TALLAHASSEE, FL 32308



DO NOT WRITE IN THIS SPACE

01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3569309

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. 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

		I		
	named entity submits this statement for the plants of registered agent.	surpose of changing its registered office of	or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	Mapplicable. (NOTE; Registered Agent signs	sture required when reinstating)	DATE _
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	000 000792036 01/23/08-80100-023 150.0
10.	OFFICERS AND DIRECTORS			*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURRY, WILLIAM R 4056 KILMARTIN DR TALLAHASSEE, FL 323308			
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 IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-7IP				·

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

1-22-7008

8940443

Daytime Phone #