

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90048 006 ***150.00

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1. Entity Name

A-OK CONSULTING, INC.

Principal Place of Business

1844 BELLEAIR RD
CLEARWATER FL 33764

Mailing Address

1844 BELLEAIR RD
CLEARWATER FL 33764



2. Principal Place of Business

1001 STARKEY RD., LOT 443
Suite, Apt. #, etc. LOT 443
LARGO FL 33771-5464

3. Mailing Address

1001 STARKEY RD.
Suite, Apt. #, etc. LOT 443
LARGO FL 33771-5464

1st MOORE

CR2E034 (10/05)

City & State

LARGO FL

City & State

LARGO FL

4. FEI Number

59-3498566

Applied For

Not Applicable

Zip

33771-5465

Country

Zip

33771-5464

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOVILL, H W
1605 MAIN STREET STE. 912
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution: ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME COX, LOU A
STREET ADDRESS 1844 BELLEAIR ROAD
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1001 STARKEY RD., LOT 443
CITY-ST-ZIP LARGO, FL 33771-5464

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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:

Lou A. Cox Lou A. Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-03-06 727-532-4368

Date

Daytime Phone #