


**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90132 040 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000033038**

1. Corporation Name

**ARSENAULT CONSULTING, INC.**

Principal Place of Business

1908 OAK CIRCLE  
ATLANTIC BEACH FL 32233

Mailing Address

1908 OAK CIRCLE  
ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1998

4. FEI Number

59-2503130

Applied For

Not Applicable

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

6. Election Campaign Financing

Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

9. Name and Address of Current Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **PAUL J ARSENAULT**

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

1908 OAK CIRCLE

83

84 City **ATLANTIC BEACH****FL**85 Zip Code **32233**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Paul J Arsenault* **PAUL J ARSENAULT OWNER** **3/20/99**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE  
 NAME **ARSENAULT, PAUL J**  
 STREET ADDRESS **1908 OAK CIRCLE**  
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
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 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul J Arsenault* **SIG Paul J Arsenault**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99  
Date984-246-5175  
Daytime Phone #

CR2E034 (1/1/98)