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Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90081 033 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000036483**

1. Corporation Name

**THERRIEN CONSULTING RESOURCES, INC.**



Principal Place of Business

1071 GALGANO AVENUE  
DELTONA FL 32725

Mailing Address

1071 GALGANO AVENUE  
DELTONA FL 32725

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/22/1998**

4. FEI Number

**59-3505091**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THERRIEN, PAMELA K**  
1071 GALGANO AVENUE  
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name

**Therrien, Mark S.**

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

**1071 GALGANO AVE.**

83

84 City

**Deltona**

**FL**

85 Zip Code  
**32725**

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

*Mark S. Therrien*  
Signature, typed or printed name of registered agent and title if applicable.

*Mark S. Therrien CEO/President*  
(NOTE: Registered Agent signature required when reinstating)

DATE

**2/15/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **THERRIEN, PAMELA K**  
STREET ADDRESS **1071 GALGANO AVENUE**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **D** ☐ DELETE  
NAME **THERRIEN, MARK S**  
STREET ADDRESS **1071 GALGANO AVENUE**  
CITY-ST-ZIP **DELTONA FL 32725**

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

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:

*Mark S. Therrien*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark S. Therrien* **2/15/99** **407-824-7999**  
Date Daytime Phone #

CR2E034 (1/98)