

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000039009

**1. Entity Name
E3 CONSULTING, INC.**



**Principal Place of Business
5364 EHRLICH ROAD #391
TAMPA, FL 33624**

**Mailing Address
5364 EHRLICH ROAD #391
TAMPA, FL 33624**



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------|---------------------------------------|
| 4. FEI Number 59-3505199 | Applied For Not Applicable |
|-------------------------------------|---------------------------------------|

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

6. Name and Address of Current Registered Agent

**ICKES, JOHN D
5364 EHRLICH ROAD #391
TAMPA, FL 33624**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees**

U00000340167

04/28/05-80104-008 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ICKES, JOHN D 11319 GLENMONT DRIVE TAMPA, FL 33635 |
|--|---|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
|--|--|

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplement 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: John D. Ickes 4/20/2005 813-814-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #