

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90029 049 ***150.00

DOCUMENT # P98000057444

1. Entity Name

WILLIAM L. BARLOWE CONSULTING, INC.



Principal Place of Business

801 SOUTH OCEAN DRIVE
804
HOLLYWOOD FL 33019
US

Mailing Address

801 SOUTH OCEAN DRIVE
804
HOLLYWOOD FL 33019
US

2. Principal Place of Business

112 NW BAYCREST COURT

3. Mailing Address

112 NW BAYCREST COURT

City & State

Port St. Lucie, FL
34986 USA

City & State

Port St. Lucie, FL
34986 USA

4. FEI Number

65-0848728

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARLOWE, GAIL C
112 NORTHWEST BAYCREST COURT
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent

Name BARLOWE, WILLIAM L.

Street Address (P.O. Box Number is Not Acceptable)
112 NW BAYCREST CT.

City PORT ST. LUCIE

FL

Zip Code 34986

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/28/06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME BARLOWE, WILLIAM L.
STREET ADDRESS 112 NW BAYCREST COURT
CITY-ST-ZIP PORT ST LUCIE FL 34986

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/28/06 (954) 444-1969

Daytime Phone #