FILED
Aug 26, 2005 8:00 am
Secretary of State

08-04-2005 90002 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000081733

1. Entity Name
JEANNE HOLTON CARUFEL CONSULTING, INC.

66026514

Principal Place of Business	Mailing Address
~~1721 W HILLS AVE~~ ~~TAMPA, FL 33606~~ US	~~1721 W HILLS AVE~~ ~~TAMPA, FL 33606~~

07182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
16318 McGlauery Rd.	PO BOX 1021
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. Odessa, FL
City & State ODESSA FL	City & State 33556 US
Zip 33556 Country US	Zip Country

4. FEI Number 59-3541837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARUFEL, JEANNE HOLTON PRES.
~~1721 W HILLS AVE~~ ~~PO BOX 1021~~ 16318 McGlauery Rd
~~TAMPA, FL 33606~~ Odessa, FL 33556

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 Jeanne Holton Carufel 7-21-05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARUFEL, JEANNE HOLTON 16318 McGlauery Rd. ~~1721 W HILLS AVE~~ ~~PO BOX 1021~~ ~~TAMPA, FL 33606~~ ODESSA, FL 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARUFEL, MARK S ~~1721 W HILLS AVE~~ SAME AS ABOVE ~~TAMPA, FL 33606~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 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: Jeanne Holton Carufel 7-21-05 (813) 920-8907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #