


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90001 045 \*\*\*158.75

<b>DOCUMENT # P98000091202</b>	
1. Entity Name <b>PENTICA FINANCIAL CONSULTANTS, INC.</b>	

Principal Place of Business <b>2449 FIRST STREET FT. MYERS, FL 33901</b>	Mailing Address <b>1617 WELLSHIRE LN DUNWOODY, GA 30338</b>
---	--

40120706

2. Principal Place of Business - No P.O. Box # <b>4830 ANDRADE</b>	3. Mailing Address <b>4830 ANDRADE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06052007 Chg-P CR2E034 (12/06)

City & State <b>PENSACOLA, FLORIDA</b>	City & State <b>PENSACOLA, FLORIDA</b>
Zip <b>32504</b>	Country <b>FLORIDA</b>

4. FEI Number <b>59-3543882</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> YES <b>\$8.75</b> Additional Fee Required
---

6. Name and Address of Current Registered Agent	
<b>BURNETT, PHILIP 2449 FIRST STREET FORT MYERS, FL 33901</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when terminating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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 10	
TITLE <b>PM</b>	<input type="checkbox"/> Delete	TITLE <b>EXEC DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BAMFORD, JEREMY</b>		NAME <b>BAMFORD, JAMES</b>	
STREET ADDRESS <b>1617 WELLSHIRE LN</b>		STREET ADDRESS <b>4830 ANDRADE</b>	
CITY-ST-ZIP <b>DUNWOODY, GA 30338</b>		CITY-ST-ZIP <b>PENSACOLA, FLORIDA 32504</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JEREMY BAMFORD**

**6/5/07**

**6784271431**

Date

Daytime Phone #