

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000027161	
1. Entity Name FLORIDA PROFESSIONAL LICENSING AND REGULATORY CONSULTING SERVICES, INC.	

Principal Place of Business 1020 E. LAFAYETTE ST., STE. 105 TALLAHASSEE FL 32301	Mailing Address P.O. BOX 3025 TALLAHASSEE FL 32315-3025
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent FAIRCLOTH, DOROTHY J 4556 NW BILLY FAIRCLOTH RD BRISTOL FL 32321	
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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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

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 **\$5.00** May i
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	FAIRCLOTH, DOROTHY J	NAME	
STREET ADDRESS	4556 NW BILLY FAIRCLOTH RD	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	FAIRCLOTH, WILLIAM J	NAME	
STREET ADDRESS	4556 NW BILLY FAIRCLOTH RD	STREET ADDRESS	
CITY-ST-ZIP	BRISTOL FL 32321	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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 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: *Dorothy J. Faircloth* *January 29, 2006* *850/643-2816*