

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000029081

1. Entity Name  
J. MENDELS CONSULTING, INC.



Principal Place of Business  
435 LONGBOAT CLUB RD., APT. 804  
LONGBOAT KEY, FL 34228

Mailing Address  
455 LONGBOAT CLUB RD., APT. 804  
LONGBOAT KEY, FL 34228



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0918938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MENDELS, JOSEPH M.D.  
455 LONGBOAT CLUB RD., APT. 804  
LONGBOAT KEY, FL 34228

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000429245  
02/21/06-80081-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MENDELS, JOSEPH M.D.  
STREET ADDRESS 455 LONGBOAT CLUB RD., APT. 804  
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE  
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IN THIS SPACE**

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

Date

Daytime Phone #

J. MENDELS 943836372