2005 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000046513

1. Entity Name
SARNER CONSULTING, INC.

Principal Place of Business	Mailing Address
5424 N W 41ST TERRACE BOCA RATON, FL 33496	5424 N W 41ST TERRACE BOCA RATON, FL 33496

DO NOT WRITE IN THIS SPACE

07072005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0923145	Not Applicable

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

6. Name and Address of Current Registered Agent

SARNER, SUSAN
5424 N W 41ST TERRACE
BOCA RATON, FL 33496

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)

II00000372687
07/14/05-80002-019 150.00
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

TITLE	D
NAME	SARNER, SUSAN
STREET ADDRESS	5424 N W 41ST TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
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CITY-ST-ZIP	

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: X _Susan Sarner_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 7/11/2005   691-287-0940
Date   Daytime Phone #
SUMMSR