
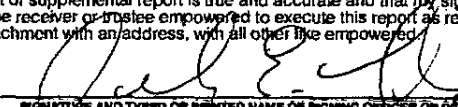


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000073481 1. Entity Name JEL CONSULTING, INC.		
Principal Place of Business 744 WEDGE DRIVE UNIT 14 NAPLES, FL 34103	Mailing Address 744 WEDGE DRIVE UNIT 14 NAPLES, FL 34103	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LAMB, JACK E 744 WEDGE DR #14 NAPLES, FL 34103		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LAMB, JACK E 744 WEDGE DRIVE UNIT 14 NAPLES, FL 34103	
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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/10/05 239-659-2589 <small>Date Daytime Phone #</small>



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3593492

Applied For
Not Applicable

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

U000000261265
03/14/05-80004-001 150.00

**DO NOT WRITE
IN THIS SPACE**