## 2008 FOR PROFIT CORPORATION

## Mar 20, 2008 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # P99000080402 BRANTLEY CONSULTING CORP. Principal Place of Business Mailing Address 5112 WHISPERING LEAF TR P.O. BOX 985 VALRICO, FL 3359 US MANGO, FL 33550 US one and the second of the seco 03052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3598307 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ेर्ड प्राप्त कर्मिकाम् कृति स्थाप पुत्रहर्षे । स्ट्रान्स DO NOT WRITE BRANTLEY, WAYNE R 5112 WHISPERING LEAF TR VALRICO, FL 33594 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE BRANTLEY, WAYNER NAME STREET ADDRESS 5112 WHISPERING LEAF TR CITY-ST-ZIP VALRICO, FL 33594 TITLE U00000864638 NAME ~\*04/04/08-80022-022 150.00 STREET ADDRESS and the first of the same wife CITY-ST-ZIP Same of the same o TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE DIE NAME STREET ADDRESS CITY-ST-ZIP TITLE m Franklich feit ein NAME

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED