

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 048 \*\*\*150.00

40051627



04102006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0961292** Applied For ☐ Not Applicable

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

**DOCUMENT # P99000096097**

1. Entity Name  
**BNS CONSULTING, INC.**



Principal Place of Business  
**3134 N JOG RD  
STE 1105  
WEST PALM BEACH, FL 33411 US**

Mailing Address  
**3134 N JOG RD  
STE 1105  
WEST PALM BEACH, FL 33411 US**

2. Principal Place of Business  
**14401 MILITARY TRAIL**

3. Mailing Address  
**SAUE AS**

Suite, Apt. #, etc.  
**D 100**

Suite, Apt. #, etc.

City & State  
**DELRAY BEACH, FL**

City & State

Zip  
**33484**

Country  
**US**

Zip

Country

6. Name and Address of Current Registered Agent

**SYROP, JERRY M**  
**3134 N JOG RD**  
**STE 1105**  
**WEST PALM BEACH, FL 33411**

**14401 MILITARY TRAIL**  
**D 100**  
**DELRAY BEACH, FL**  
**33484**

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 \_\_\_\_\_  
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SYROP, BARBARA 3134 NORTH JOG RD STE 1105 WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14401 MILITARY TRAIL, D100 DELRAY BEACH, FL 33485
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Syrop **BARBARA SYROP** 4-11-06 361 496-2140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #