

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 038 ***150.00

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1. Entity Name

MJR CONSULT CORP.

Principal Place of Business

7879 PLAYERS ST
NAPLES FL 34113

Mailing Address

7879 PLAYERS ST
NAPLES FL 34113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3614766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROACH, BARBARA G
1879 PLAYERS ST
NAPLES FL 34113

7. Name and Address of New Registered Agent

Name ROACH, BARBARA G.

Street Address (P.O. Box Number is Not Acceptable)
7879 PLAYERS ST.

City NAPLES

FL

Zip Code 34113

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 Barbara G. Roach

BARBARA G ROACH

DATE 2/7/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME ROACH, MICHAEL J
STREET ADDRESS 940 CHALMER DR
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE PD ☒ Delete
NAME ROACH, MICHAEL J
STREET ADDRESS 940 CHALMER DR
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE STD ☒ Delete
NAME ROACH, BARBARA G
STREET ADDRESS 871 COLLIER CT., 2A
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☒ Delete
NAME ESIALINE, GILBERT
STREET ADDRESS 709 AUGUSTA BLVD #3
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T/D ☒ Change ☐ Addition
NAME ROACH, MICHAEL J.
STREET ADDRESS 7879 PLAYERS ST.
CITY-ST-ZIP NAPLES, FL. 34113

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition
NAME ROACH, BARBARA G
STREET ADDRESS 7879 PLAYERS ST.
CITY-ST-ZIP NAPLES, FL. 34113

TITLE D ☒ Change ☐ Addition
NAME ESTALINE, GILBERT
STREET ADDRESS 709 AUGUSTA BLVD #703
CITY-ST-ZIP NAPLES, FL. 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael J. Roach MICHAEL J. ROACH

DATE 2/7/06

239
775-3168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #