

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90025 025 ***150.00

DOCUMENT # S09632

1. Entity Name

T & S CONSULTING, INC.



Principal Place of Business
2806 GRAPEFRUIT DR.
AUBURNDALE FL 33823

Mailing Address
2806 GRAPEFRUIT DR.
AUBURNDALE FL 33823



2. Principal Place of Business - No P.O. Box #

221 Sparkling Ct.
Suite, Apt. #, etc.

3. Mailing Address

221 Sparkling Ct.
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Auburndale FL

Zip

33823

Country

City & State

Auburndale FL

Zip

33823

Country

4. FEI Number

59-3040152

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINGO, RONALD W.
2806 GRAPEFRUIT DR.
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

Wingo, Ronald W.
Street Address (P.O. Box Number is Not Acceptable)

221 Sparkling Court
City

Auburndale

FL

Zip Code

33823

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, 2007 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	D	<input type="checkbox"/> Delete
NAME	WINGO, RONALD W.	
STREET ADDRESS	2806 GRAPEFRUIT DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINGO, JUDY M.	
STREET ADDRESS	2806 GRAPEFRUIT DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	221 Sparkling Court
CITY-ST-ZIP	Auburndale FL 33823
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	221 Sparkling Court
CITY-ST-ZIP	Auburndale FL 33823
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/07 (863) 965-7747