

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90001 005 \*\*\*158.75

**DOCUMENT # S72896**

1. Entity Name  
**EXPERT CONSULTANTS, INC.**



Principal Place of Business  
**9340 N 56TH ST  
SUITE 222C  
TAMPA, FL 33617 US**

Mailing Address  
**PO BOX 16873  
TAMPA, FL 33687-6873 US**

**50020316**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3077534**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOLTON, JON C. SR.  
9340 N 36TH ST  
# 222C  
TAMPA, FL 33617**

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 \$550.00  
Due by September 6, 2006**

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 **D** ☐ Delete  
NAME **BOLTON, JON C. SR.**  
STREET ADDRESS **9340 N 56TH ST, # 222C**  
CITY-ST-ZIP **TAMPA, FL 33617**

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

TITLE **D** ☐ Delete  
NAME **BOLTON, ELIZABETH A.**  
STREET ADDRESS **9340 N 56TH ST, # 222C**  
CITY-ST-ZIP **TAMPA, FL 33617**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



**ATTACHMENT**  
50020316  
**Division of Corporations**

## 2006 Annual Report

Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	S72896
Business Entity Name	EXPERT CONSULTANTS, INC.
Original File Date	08/12/1991

FEI Number 59-3077534

Principal Address 9340 N 56TH ST  
SUITE 222C  
TAMPA, FL 33617 US

Mailing Address PO BOX 16873  
TAMPA, FL 336876873 US

Registered Agent BOLTON, JON C. SR.  
9340 N 36TH ST  
# 222C  
TAMPA, FL 33617 US

### Officer/Director Name And Address

D  
BOLTON, JON C. SR.  
9340 N 56TH ST, # 222C  
TAMPA, FL 33617

D  
BOLTON, ELIZABETH A.  
9340 N 56TH ST, # 222C  
TAMPA, FL 33617

If all of the above  
information is correct and  
you do not wish to make any  
changes, please select:

No Changes

If you need to make changes  
to the above information,  
please select:

Make Changes