

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90238 001 ***150.00

DOCUMENT # S76045

1. Entity Name

CERTIFIED CONSULTANTS CORPORATION



Principal Place of Business

2842 SE BAKERSFIELD ST
PORT SAINT LUCIE FL 34952

Mailing Address

2842 SE BAKERSFIELD ST
PORT SAINT LUCIE FL 34952



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0283654

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

SARAGOSEY, SAM
7813 SADDLEBROOK DRIVE
PORT ST LUCIE FL 34986

Name

SAM SARAGOSEY

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

2842 S.E. BAKERSFIELD ST.

City

Port St. Lucie

FL

Zip Code

34952

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

SAM SARAGOSEY (SAM SARAGOSEY) PRESIDENT

4/7/07

(Signature, typed or printed name of registered agent or officer 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SARAGOSEY, SAM**
STREET ADDRESS **7813 SADDLEBROOK DRIVE**
CITY - ST - ZIP **PORT ST LUCIE FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☒ Change ☐ Addition
NAME **SAM SARAGOSEY**
STREET ADDRESS **2482 S.E. BAKERSFIELD ST.**
CITY - ST - ZIP **PORT ST. LUCIE, FL 34952**

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

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

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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:

SAM SARAGOSEY (SAM SARAGOSEY) 4/7/07 (772) 335-1967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #