

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90093 029 ***150.00

DOCUMENT # V06637

1. Entity Name

A.S. CONSULTING CORP.



Principal Place of Business

YARMOUTH 'B'
2024
BOCA RATON FL 33434
US

Mailing Address

YARMOUTH 'B'
2024
BOCA RATON FL 33434
US

2. Principal Place of Business

2024 YARMOUTH "B"

Suite, Apt. #, etc.

3. Mailing Address

2024 YARMOUTH "B"

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

BOCA RATON FL
Zip 33434 Country PALM BEACH

City & State

BOCA RATON FL
Zip 33434 Country PALM BEACH

4. FEI Number

65-0308039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLF, A.B.
CENTURY VILLAGE WEST
YARMOUTH B 2024
BOCA RATON FL 33434

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, 2004 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
NAME A. B. WOLF
STREET ADDRESS CENTURY VILLAGE WEST YARMOUTH B 2024
CITY-ST-ZIP BOCA RATON FL 33434

TITLE S
NAME LESIGER, LAWRENCE
STREET ADDRESS 212 RHODS AVE
CITY-ST-ZIP HADDONFIELD NJ 08033

TITLE VP
NAME EISLER, JANET
STREET ADDRESS 423 SILVER HILL ROAD
CITY-ST-ZIP CHERRY HILL NJ 08002

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

am wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/04

561 451 1855