

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90044 004 ***150.00

DOCUMENT # V06637

1. Entity Name

A.S. CONSULTING CORP.



Principal Place of Business

2024 YARMOUTH "B"
BOCA RATON FL 33434
US

Mailing Address

2024 YARMOUTH "B"
BOCA RATON FL 33434
US



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 65-0308039

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

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

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. **A. B. WOLF**

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when registering)

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	P	<input type="checkbox"/> Delete
NAME	A. B. WOLF	
STREET ADDRESS	CENTURY VILLAGE WEST YARMOUTH B 2024	
CITY- ST- ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> Delete
NAME	LESIGER, LAWRENCE	
STREET ADDRESS	212 RHODS AVE	
CITY- ST- ZIP	HADDONFIELD NJ 08033	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EISLER, JANET	
STREET ADDRESS	423 SILVER HILL ROAD	
CITY- ST- ZIP	CHERRY HILL NJ 08002	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOLF, ELAINE E	
STREET ADDRESS	2024 YARMOUTH "B"	
CITY- ST- ZIP	BOCA RATON FL 33434	
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	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP EISLER, JANET
STREET ADDRESS	3644 CHRISTINE ST.
CITY- ST- ZIP	SAN DIEGO, CALIFORNIA 92117
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	
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:

A. B. WOLF
[Signature] PRES

1/21/07

561 2127356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #