2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V35690

1. Entity Name H & W CONSULTING, INC.



FILED Mar 29, 2006 08:00 AM Secretary of State

Principal Place of Business

Malling Address

3110 OCEAN SHORE BLVD.

#311 ORMOND BY THE SEA, FL 32176 3110 OCEAN SHORE BLVD.

#311

ORMOND BY THE SEA, FL 32176



DO NOT WRITE IN THIS SPACE

| 4. FEI Number | Applied For |
|----------------------------------|-------------------|
| 59-3121645 | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 Additional |

Fee Required

6. Name and Address of Current Registered Agent

MCGINITY III, HENRY A. 3110 OCEAN SHORE BLVD.

ORMOND BY THE SEA, FL. 32176

| DO | NOT | WRITE |
|----|------|-------|
| IN | THIS | SPACE |

| | named entity submits this statement for the plants of registered agent. | ourpose of changing its registere | d office or r | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept |
|--|---|--|-----------------|---|---|
| SIGNATURE | Signature, typed or printed name of registered agent and title | Spokable. (NOTE Registered | Agent expediate | required when remataring) | ZATE . |
| | E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | gnio | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | <u> </u> | | |
| RILE NAME SIRELI ADORESS CALV-SI-AP | D MCGINITY, HENRY A., III 3110 OCEAN SHORE BLVD. ORMOND BY THE SEA, FL | | | | |
| TRILE HAME STREET ADDRESS CITY-ST-ZIP | | | | | 04/12/06-80010-006 150.00 |
| mrt i | | | | | |
| NAME. | | | | | |
| STRUET ADDRESS (| | | | סמ | NOT WRITE |
| TIPLE NAME STREET ADDRESS CTTY-ST-709 | | | | | THIS SPACE |
| name Street address City-St-Zip | | | | | |
| TITLE NAME STREET ADORESS CXIY-SI-ZIP | -: | | | | |
| 12. I hereby of indicated of the conchanged, | peritive that the information supplied with this fit on this report or supplemental report is true a possition or the receiver or trustee empowerer or on an attachment with an address, with all | ling does not qualify for the exe and accurate and that my signate to execute this report as required other like empowered. | | ntained in Chapter 119 de the same legal effecter 607, Florida Statuti | 9. Florida Statutes, I further certify that the information of as it made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if I |