

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # V57526	
1. Entity Name: CONSULTMORT, INC.	

Principal Place of Business 6723 14TH AVE. N. ST. PETERSBURG FL 33710-5405	Mailing Address 6723 14TH AVE. N. ST. PETERSBURG FL 33710-5405
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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 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHERMAN, MORTON 6723 14TH AVE. N. ST. PETERSBURG FL 33710-5405		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 Morton Sherman DATE FEB. 12, 2008

Signature typed or printed name of current registered agent and state the place, and state. Registered agent and state requires when changing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	CHECK #1257 2/12/08	9. Election Campaign Financing, Trust/Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, MORTON 6723 14TH AVE. N. SAINT PETERSBURG FL 33710-5405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000329457 02/26/08-80042-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D SHERMAN, BEVERLY 6723 14TH AVE. N. SAINT PETERSBURG FL 33710-5405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Morton Sherman **MORTON SHERMAN** **FEB 12, 2008** **727-343-2079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR