
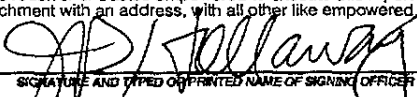


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # H98236 1. Entity Name CONSUMER ENGINEERING, INC.		
Principal Place of Business 2730 KIRBY AVE NE UNIT 6 PALM BAY, FL 32905 US		Mailing Address 2730 KIRBY AVE NE UNIT 6 PALM BAY, FL 32905 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent HOLLOWAY, JERRELL P. 3636 WOODSTOCK CT MELBOURNE, FL 32904		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLOWAY, JERRELL P. 3636 WOODSTOCK CT MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOLLOWAY, SHARON G. 3636 WOODSTOCK CT MELBOURNE, FL 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, CHARLOTTE A 791 MONTCLAIR RD NE PALM BAY, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3-22-04 321-984-8550 <small>Date Daytime Phone #</small>



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2623130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U00000096382
03/25/04-80028-009 150.00

**DO NOT WRITE
IN THIS SPACE**