


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90053 042 ***150.00

DOCUMENT # P01000098336			
1. Entity Name D.W. CONSULTING, INC.			
Principal Place of Business 8211 NW 58 PL TAMARAC, FL 33321		Mailing Address 8211 NW 58 PL TAMARAC, FL 33321	
2. Principal Place of Business 223 Jessica Lakes Dr.		3. Mailing Address 223 Jessica Lakes Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Conway, SC		City & State Conway, SC	
Zip 29526		Zip 29526	
Country USA		Country USA	
4. FEI Number 65-1143428		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OBENOUR, DOUGLAS W 8211 NW 58 PL TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Dennis BARLEY Street Address (P.O. Box Number is Not Acceptable) 300.5 Pine Island Road #242 City Plantation FL Zip Code 33324	
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: <i>Dennis L. Barley</i> DATE: 3/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENOUR, DOUGLAS W 8211 NW 58 PL TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENOUR, DOUGLAS W. 223 Jessica Lakes Dr. CONWAY, SC 29526-8293 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENOUR, GERI L 8211 NW 58 PL TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBENOUR, GERI L. 223 Jessica Lakes Dr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Douglas W. Conway</i>		3/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	