

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073333

Entity Name: 2MX CONSULTING, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

7711 KIPLING STREET
PENSACOLA, FL 32514

New Principal Place of Business:

4599A SPANISH TRL
PENSACOLA, FL 32504

Current Mailing Address:

7711 KIPLING STREET
PENSACOLA, FL 32514

New Mailing Address:

4599A SPANISH TRL
PENSACOLA, FL 32504

FEI Number: 11-3647210

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERVIN, JEANETTE L CPA
7711 KIPLING STREET
PENSACOLA, FL 32514

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: M () Delete
Name: ERVIN, RICHARD E
Address: 7711 KIPLING STREET
City-St-Zip: PENSACOLA, FL 32514

Title: M () Delete
Name: ERVIN, JEANETTE L
Address: 7711 KIPLING STREET
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE ERVIN CPA

SEC

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date