

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90015 003 ***150.00



DOCUMENT # P03000138846
 1. Entity Name
CFL CONSULTANTS, INC.

Principal Place of Business Mailing Address
1111 BRICKELL AVE, STE 2150 **1111 BRICKELL AVE, STE 2150**
MIAMI FL 33131 **MIAMI FL 33131**

2. Principal Place of Business 3. Mailing Address
2224 S. Carnegie Dr. **2224 S. Carnegie Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Inverness, FL **Inverness, FL**
 Zip Country Zip Country
34450 **Citrus** **34450** **Citrus**

MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
BAUMAN, BRYAN W
1111 BRICKELL AVE, STE 2150
MIAMI FL 33131

4. FEI Number Applied For
30-0219956 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **John Mathis**
 Street Address (P.O. Box Number is Not Acceptable) **2224 S. Carnegie Dr.**
 City **Inverness** FL Zip Code **34450**

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 *John P. Mathis* DATE **3/29/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MATHIS, JOHN P	
STREET ADDRESS	2224 S CARNEGIE DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John P. Mathis* DATE **3/29/04** Daytime Phone # **352-637-5902**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR