


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90007 049 \*\*\*150.00

|   |   |                     |  |   |  |
|---|---|---------------------|--|---|--|
| <b>DOCUMENT # P94000048388</b><br>1. Entity Name<br><b>CANDO CONSULTANT SERVICE, INC.</b>   |   |                     |  |    |  |
| Principal Place of Business<br><b>3773 CENTRAL AVE A798<br/>ST PETERSBURG, FL 33713-8338</b>  |   |                     | Mailing Address<br><b>3773 CENTRAL AVE A798<br/>ST PETERSBURG, FL 33713-8338</b>                                   |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |  |   |  |
| City & State  |   | City & State        |  | 4. FEI Number<br><b>59-3253673</b>  |  |
| Zip   |   | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                 |  |
| 6. Name and Address of Current Registered Agent   |   |                     |  | 7. Name and Address of New Registered Agent   |  |
| <b>WINEBRENNER, J M<br/>3773 CENTRAL AVE A798<br/>ST PETERSBURG, FL 33713-8338</b>  |   |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |
| 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.   |   |                     |  | State <b>FL</b> Zip Code  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>   |   |                     | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>EAVES, LELAND<br/>201 SANTA CRUZ COURT<br/>LULING, LA 70070</b> <input type="checkbox"/> Delete             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>S<br/>EAVES, JENNIFER<br/>1036 - 2ND STREET EAST #139<br/>WEST FARGO, ND 58078</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>1511 - 27 AVE SOUTH #205<br/>FARGO ND 58103</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |                     |  |   |  |
| <b>SIGNATURE: _____</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |                     | <b>LELAND EAVES</b> <b>1/17/05</b> <b>727/327-1202</b><br><small>Date Daytime Phone #</small>                      |   |  |

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01152005 Chg-P CR2E034 (10/03)