

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030130

FILED
Jul 02, 2004
Secretary of State

Entity Name: THRESHOLD CONSULTING SERVICES, INC.

Current Principal Place of Business:

200 N GARDENS AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

200 N GARDEN AVE
CLEARWATER, FL 33755 US

Current Mailing Address:

200 N GARDENS AVE
CLEARWATER, FL 33755 US

New Mailing Address:

200 N GARDEN AVE
CLEARWATER, FL 33755 US

FEI Number: 59-3373071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, PATRICIA D
13 LEEWARD ISLAND
CLEARWATER, FL 33767 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PATTERSON, ROBERT K
Address: 13 LEEWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: ST () Delete
Name: PATTERSON, PATRICIA D
Address: 13 LEE WARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: VP () Delete
Name: PATTERSON, STEVEN B
Address: 834 LANTANA RD
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT K PATTERSON

C

07/02/2004

Electronic Signature of Signing Officer or Director

Date