

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90035 020 ***150.00

DOCUMENT # P00000110053	
1. Entity Name SUNDIAL CONSULTING GROUP, INC.	



Principal Place of Business 7600 BRYAN DAIRY RD APT. C LARGO, FL 33777	Mailing Address 7600 BRYAN DAIRY RD APT. C LARGO, FL 33777
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94047710

2. Principal Place of Business 1000 Belcher RD	3. Mailing Address 1000 Belcher RD
Suite, Apt. #, etc. Suite A6	Suite, Apt. #, etc. Suite A6
City & State LARGO FLORIDA	City & State LARGO FLORIDA
Zip 33771-3321	Country PINELLAS



04042004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3684361		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TOPPING, DENNIS A 4817 VENETIAN PLACE NE SAINT PETERSBURG, FL 33703		

7. Name and Address of New Registered Agent Name ALLEN D ARNTZEN Street Address (P.O. Box Number is Not Acceptable) 2240 WILLOWBROOK DR City CLEARWATER FL Zip Code 33764-6780	
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>Allen D Arntzen</i> DATE 5 April 04 (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TOPPING, DENNIS A 4817 VENETIAN PLACE NORTHEAST SAINT PETERSBURG, FL 33703 <input checked="" 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	SVD ARNTZEN, ALLEN D 2240 WILLOWBROOK DR CLEARWATER, FL 33764 <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
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
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>Allen D Arntzen</i>	DATE: 5 April 04 DAYTIME PHONE: 727 768 0482