

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000020854

Entity Name: CFO CONSULTANTS, INC.

FILED  
Apr 23, 2004  
Secretary of State

**Current Principal Place of Business:**

4029 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

4029 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-3705713

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPLAN, HOWARD A ESQUIRE  
3900 ATLANTIC BLVD  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

CAPLAN, HOWARD A ESQUIRE  
6260 DUPONT STATION CT STE C  
JACKSONVILLE, FL 32217 US

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

04/23/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROBINSON, ADAM M  
Address: 12970 SPICEBERRY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ADAM M ROBINSON

Electronic Signature of Signing Officer or Director

PRES

04/23/2004

Date