


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 355198 1. Entity Name PROJECT CONSULTANTS INC	
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Principal Place of Business 1264 N PALM AVE SARASOTA, FL 34236-5901	Mailing Address 1264 N PALM AVE SARASOTA, FL 34236-5901
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SKALITZKY, ROBERT 1264 N PALM AVE SARASOTA, FL 34236	DO NOT WRITE IN THIS SPACE
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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 HELEN GALLAGHER (NOTE: Registered Agent signature required when reinstating) DATE Jan 12 / 04

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GALLAGHER, HELEN 4001 BENEVA RD. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKALITZKY, ROBERT 1212 BEN FRANKLIN DRIVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/22/04--01013--014 **150.00

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 HELEN GALLAGHER DATE Jan 12 / 04 DAYTIME PHONE # 941-366-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR