**FILED**
**Apr 27, 2005 8:00 am**
**Secretary of State**
02-02-2005 90075 013 ***150.00

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 355198

1. Entity Name
PROJECT CONSULTANTS INC

...66013422

| Principal Place of Business | Mailing Address |
|---|---|
| 1264 N PALM AVE<br>SARASOTA, FL 34236-5901 | 1264 N PALM AVE<br>SARASOTA, FL 34236-5901 |

01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1278752
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKALITZKY, ROBERT
1264 N PALM AVE
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**

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 3-8-05
Signature, typed or printed name of registered agent and title if applicable. Date: Registered Agent signature required when reinstating. Date

FILE NOW!!! FEE is $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE IN THIS SPACE**

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 4/25/05 941-366-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #