

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90005 045 ***150.00

DOCUMENT # F01000003503

1. Entity Name
TERRY LITE CONSULTING, INC.



Principal Place of Business
384 W. CORAL TRACE CIRCLE
DELRAY BEACH FL 33445

Mailing Address
384 W. CORAL TRACE CIRCLE
DELRAY BEACH FL 33445

2. Principal Place of Business
5141 BEECHWOOD RD
Suite, Apt. #, etc.

3. Mailing Address
5141 BEECHWOOD RD
Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State
DELRAY BEACH, FL
Zip 33484 Country USA

City & State
DELRAY BEACH, FL
Zip 33484-1345 Country USA

4. FEI Number 11-3521416
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LITE, TERRY H
384 W CORAL TRACE CIRCLE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name TERRY LITE
Street Address (P.O. Box Number is Not Acceptable)
5141 BEECHWOOD RD
City DELRAY BEACH FL Zip Code 33484-1345

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 TERRY LITE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/4/04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LITE, TERRY H 384 W CORAL TRACE CIRCLE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LITE, TERRY 5141 BEECHWOOD RD DELRAY BEACH, FL 33484-1345	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: TERRY H. LITE, PRES. 2/4/04 561-496-3339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #