2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007204

Entity Name: PROVIDENCE CONSULTING, PC

FILED Jun 15, 2009 Secretary of State

Littly Na	IIIE. FROVIDL	INCE CONSOLTING, FC				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
819 NAFF BOONES	RD MILL, VA 2406	55				
Current Mailing Address:			New Maili	New Mailing Address:		
819 NAFF BOONES	RD MILL, VA 2406	55				
FEI Number	: 71-0893659	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address	of New Registered Agent:	
KATZ, MA 295 NW 89 CORAL SI		3071 US				
	e named entity s e of Florida.	submits this statement for the p	urpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Age	nt		Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP () GOLDSMITH, S 819 NAFF RD BOONES MILL,		Title: Name: Address: City-St-Zip:	819 NAFF	(X) Change()Addition TH, SEAN C PE RD JILL, VA 24065	
Title: Name: Address: City-St-Zip:	VCVP () CALLAHAN, RC 819 NAFF RD BOONES MILL,		Title: Name: Address: City-St-Zip:	819 NAFF	(X) Change()Addition I, ROBERT M RD /IILL, VA 24065	
Title: Name: Address: City-St-Zip:	DS () CALLAHAN, SH 819 NAFF RD BOONES MILL,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PUGH, JAMES 819 NAFF RD BOONES MILL,		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SEAN CONRAD GOLDSMITH, P.E. CP 06/15/2009