

ANNUAL REPORT (AR)

DOCUMENT # H53430

1. Entity Name

CONSULTING DESIGN, INC.



FILED
Apr 27, 2005 08:00 AM
Secretary of State

Principal Place of Business

8554 BIG BEND BLVD
SAINT LOUIS MO 63119-3802

Mailing Address

8554 BIG BEND BLVD
SAINT LOUIS MO 63119-3802



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2519175

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

RIDEN, THOMAS K.
100 2ND AVENUE SOUTH
NORTH TOWER, SUITE 400
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete

NAME BROUGHTON, LINDA BORCHERT

STREET ADDRESS 8554 BIG BEND BLVD.

CITY- ST- ZIP WEBSTER GROVES MO 63119-3802

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda C. Broughton Linda C. Broughton 4/23/04 (314)963-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda C. Broughton Linda C. Broughton 4/22/05