


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H55029</b> 1. Entity Name WETHERELL CONSULTING, INC.	
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Principal Place of Business OAK HILL PLANTATION U.S. HIGHWAY 27 LAMONT, FL 32336	Mailing Address P.O. BOX 37 LAMONT, FL 32336
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**DO NOT WRITE IN THIS SPACE**

01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2592640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WETHERELL, THOMAS K II  
123 SOUTH CALHOUN STREET  
C/O HOPPING GREEN SAMS & SMITH, P.A.  
TALLAHASSEE, FL 32314

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000029491 02/04/04-80068-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WETHERELL, VIRGINIA B OAK HILL PLANTATION, US HWY 27 LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WETHERELL, THOMAS K II 1800 GOLF TERRACE DRIVE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS WETHERELL, VIRGINIA B OAK HILL PLANTATION, US HWY 27 LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Virginia B Wetherell 1-30-04 850 9976537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #