2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED
DOCUMENT #, H74522  1. Entity Name PARTNERSHIP CONSULTANTS INC.					Feb 02, 2004 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing Address			
2477 STICKNEY PT RD SUITE 301-B		2477 STICKNEY PT RD SUITE 301-B			
SARASOTA US	FL 34231	SARASOTA FL 34231 US			A SHARKEN BUIL HABIN BURBU MUND UNDER HIBU BURU BURU BURU BURU BURU BURU BURU B
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR2E034 (11/03)
City & State		City & State	City & State		4. FEI Number 59-2573514 Applied For Not Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired
6. Name and Address of Current Registered Agent			<u>'</u>		7. Name and Address of New Registered Agent
НДІ	_E, JON M.		Na	ame	
247	7 STICKNEY POINT RD		Str	reet Address (	(P.O. Box Number is Not Acceptable)
	TE 301-B RASOTA FL 34231				
			Cit	ty	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.					
the conganions of regional agents					
SIGNATURE Signature. typed or printed name of registered agont and little if applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
	r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department				Trust Fund Contribution. Added to Fees
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	DP HALE, JON	☐ Delete	TITLE NAME	ļ	☐ Change ☐ Addition
STREET ADDRESS 2477 STICKNEY PT RD SUITE 301-B		01-B	STREET ADD	ORESS	000000024879 02/02/04-80081-016 150.00
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CITY-ST-ZIP	and the state of t	Why this files date and a week to	CITY-ST-ZI		police 110 07/2)(i) Elected Statutes I fruits a south that the information
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: 1-28-07					
	SIGNATURE AND TYPED C	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date Daytime Phone #