

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J68842

FILED  
Jul 07, 2004  
Secretary of State

**Entity Name:** NOVEMBER SLOANE MARKETING CONSULTANTS, INC.

**Current Principal Place of Business:**

625 N. FLAGLER DR.  
STE 500  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

4411 BEACON CIRCLE  
SUITE 2B  
W. PALM BEACH, FL 33407 US

**Current Mailing Address:**

P. O. BOX 3164  
P.O. BOX 3164  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 59-2814973      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NANCY N. SLOANE  
216 BERMUDA LANE  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: SLOANE, NANCY N.,  
Address: 216 BERMUDA LANE  
City-St-Zip: PALM BEACH, FL 33480

Title: T ( ) Delete  
Name: SLOANE, NANCY N.,  
Address: 216 BERMUDA LANE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NANCY SLOANE

PRES

07/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date