2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54519

Entity Name: J. THORNEL CONSULTANTS, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6815 ATLANTIC BLVD 6815 ATLANTIC BLVD

STE 3 STE 3

JACKSONVILLE, FL 32221 US JACKSONVILLE, FL 32211 US

Current Mailing Address: New Mailing Address:

BOX 40049

JACKSONVILLE, FL 32203

FEI Number: 59-2924418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SINN, JAMES E 2334 HOLLY LEAF LANE ORANGE PK, FL 32073 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

GLEN ST MARY, FL 32040

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GLEN ST MARY, FL 32040

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BAKER, GEORGE M,
 Name:
 BAKER, GEORGE M

 Address:
 8311 LAWFIN ST N
 Address:
 8311 LAWFIN ST N

 City-St-Zip:
 JACKSONVILLE FL,
 City-St-Zip:
 JACKSONVILLE, FL

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SINN, JAMES E.,
 Name:
 SINN, JAMES E

 Address:
 2334 HOLLY LEAF LANE
 Address:
 2334 HOLLY LEAF LANE

Address: 2334 HOLLY LEAF LANE Address: 2334 HOLLY LEAF LANE
City-St-Zip: ORANGE PARK, FL City-St-Zip: ORANGE PARK, FL

Title: PTD () Delete Title: PTD (X) Change () Addition

 Name:
 BEDFORD, SHERRY L.,
 Name:
 BEDFORD, SHERRY L

 Address:
 54058 FLAMINGO RD.
 Address:
 54058 FLAMINGO RD.

 City-St-Zip:
 CALLAHAN, FL 32011
 City-St-Zip:
 CALLAHAN, FL 32011

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WILLIAM J EDENS,
 Name:
 EDENS, WILLIAM J

 Address:
 6853 MERRILL RD
 Address:
 6853 MERRILL RD

 City-St-Zip:
 JACKSONVILLE, FL 32277
 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: D () Delete Title: D (X) Change () Addition Name: CAROLYN S PLEMMONS, Name: PLEMMONS, CAROLYN S Address: 307 CEDAR CREEK FARMS RD Address: 307 CEDAR CREEK FARMS RD

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.

City-St-Zip:

SIGNATURE: SHERRY L BEDFORD PRES 03/14/2005