

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # L07763 1. Entity Name DUFRESNE CONSULTING GROUP, INC.	
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Principal Place of Business C/O JOHN A. DUFRESNE 10014 NORTH DALE MABRY HWY. SUITE 101 TAMPA, FL 33618-4426 US	Mailing Address C/O JOHN A. DUFRESNE 10014 NORTH DALE MABRY HWY. SUITE 101 TAMPA, FL 33618-4426 US
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01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2961371	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUFRESNE, JOHN A.
C/O DUFRESNE CONSULTING GROUP INC
10014 NORTH DALE MABRY HWY - STE 101
TAMPA, FL 33618

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

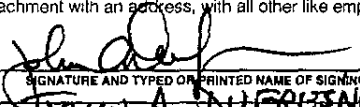
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01/28/05-80018-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DP DUFRESNE, JOHN A. 10014 N. DALE MABRY HWY. TAMPA, FL
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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:  PROS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 813-264-4775
Date Daytime Phone #