

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08786

FILED  
Jan 27, 2004  
Secretary of State

Entity Name: SUPPORT STRATEGIES CONSULTING, INC.

## Current Principal Place of Business:

ROUTE 3, BOX 333  
1 MILE S OF CHERRY LAKE  
MADISON, FL 32340

## New Principal Place of Business:

871 N.E. BERKSHIRE ROAD  
1 MILE S OF CHERRY LAKE  
MADISON, FL 32340

## Current Mailing Address:

ROUTE 3, BOX 333  
1 MILE S OF CHERRY LAKE  
MADISON, FL 32340

## New Mailing Address:

871 N.E. BERKSHIRE ROAD  
1 MILE S OF CHERRY LAKE  
MADISON, FL 32340

FEI Number: 59-2969870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OHL, LANCE M  
RT. 3 BOX 340- BERKSHIRE RD.  
MADISON, FL 32340 US

## Name and Address of New Registered Agent:

OHL, LANCE M  
875 N. E. BERKSHIRE ROAD  
MADISON, FL 32340 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:

01/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: DUVAL-OHL, RENEE  
Address: RT 3 BOX 340  
City-St-Zip: MADISON, FL 32340

Title: DVS ( ) Delete  
Name: OHL, LANCE M.,  
Address: RT 3 BOX 340  
City-St-Zip: MADISON, FL 32340

Title: D ( ) Delete  
Name: OHL, DR. C M.  
Address: 800 N CONCORD AVE  
City-St-Zip: FULLERTON, CA 92831

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DUVAL-OHL, RENEE  
Address: 875 N.E. BERKSHIRE ROAD  
City-St-Zip: MADISON, FL 32340

Title: DVS (X) Change ( ) Addition  
Name: OHL, LANCE M.,  
Address: 875 N.E. BERKSHIRE ROAD  
City-St-Zip: MADISON, FL 32340

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: RENEE DUVAL-OHL

DP

01/27/2004

Electronic Signature of Signing Officer or Director

Date