


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90051 021 ***150.00

DOCUMENT # L49578	
1. Entity Name HEWITT FINANCIAL CONSULTING, INC.	

Principal Place of Business C/O JAMES L. HEWITT 1411 EDGEWATER DR. #200 ORLANDO FL 32804	Mailing Address C/O JAMES L. HEWITT 1411 EDGEWATER DR. #200 ORLANDO FL 32804
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40007683



1st MOORE CR2E034 (10/04)

2. Principal Place of Business c/o James L. Hewitt	3. Mailing Address c/o James L. Hewitt
Suite, Apt. #, etc. 1411 Edgewater Dr. #100	Suite, Apt. #, etc. 1411 Edgewater Dr. #100
City & State Orlando, Florida	City & State Orlando, Florida
Zip 32804	Country USA

4. FEI Number 59-2922859	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEWITT, JAMES L. 1411 EDGEWATER DRIVE, SUITE 200/100 ORLANDO FL 32807	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEWITT, JAMES L. 1411 EDGEWATER DRIVE, SUITE 200/100 ORLANDO FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **1/20/05** **407-447-0386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #