

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN -9 PM 1:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L60665

1. Entity Name
PRACTICE CONSULTANTS, INC.



Principal Place of Business
1214 WINDING CHASE BLVD
WINTER SPRINGS, FL 32708 US

Mailing Address
1214 WINDING CHASE BLVD
WINTER SPRINGS, FL 32708 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3009315
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, TRUMAN
1214 WINDING CHASE BLVD.
WINTER SPRINGS, FL 32708

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARKER, TRUMAN 1214 WINDING CHASE BLVD WINTER SPRINGS, FL 32708
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01/09/04--01038--002 **150.00

**DO NOT WRITE
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:

Truman Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04

Date

407.327.4545

Daytime Phone #