

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004202

**FILED**  
**Mar 14, 2004**  
**Secretary of State****Entity Name:** A.N.S. CONSULTING GROUP, INC.**Current Principal Place of Business:**2100 N 9TH AVE  
PENSACOLA, FL 32503**New Principal Place of Business:****Current Mailing Address:**2100 N 9TH AVE  
PENSACOLA, FL 32503**New Mailing Address:****FEI Number:** 59-3725702**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GOUGH, BRUCE  
2100 N 9TH AVE  
PENSACOLA, FL 32503**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOUGH, BRUCE  
Address: 2100 N 9TH AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: TD ( ) Delete  
Name: GOUGH, YOUNG  
Address: 2100 N 9TH AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: GOUGH, ANN  
Address: 2100 N 9TH AVE  
City-St-Zip: PENSACOLA, FL 32503

Title: D ( ) Delete  
Name: SHORT, GERALD  
Address: 5080 BLACK ST  
City-St-Zip: MILTON, FL 32583

Title: VP ( ) Delete  
Name: LE, HAI  
Address: 95 W BANK EXPY #E  
City-St-Zip: GRETN, LA 70053

Title: SD ( ) Delete  
Name: ALVOID, RICHARD  
Address: 238 INTENDENCIAL ST  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE C. GOUGH

PRES

03/14/2004

Electronic Signature of Signing Officer or Director

Date