

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

**FILED  
Mar 19, 2004  
Secretary of State**

DOCUMENT# N02000000036

Entity Name: CONSUMERS OF PROFESSIONAL SERVCIES, INC.

**Current Principal Place of Business:**

106 S. MONROE ST.  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

106 S. MONROE ST.  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 59-2775368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KEUFLE, KARA  
106 S. MONROE ST.  
TALLAHASSEE, FL 32301

**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: DPST      ( ) Delete  
Name: PEARCE, CECIL  
Address: 950 EAST PACES FERRY ROAD, SUITE 2240  
City-St-Zip: ATLANTA, GA 30326

Title: DV      ( ) Delete  
Name: SANFORD, PAUL P  
Address: 106 S. MONROE ST.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DV      ( ) Delete  
Name: HAWKEN, ROBERT E  
Address: 320 W. PARK AVE.  
City-St-Zip: TALLAHASSEE, FL 32301

**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:

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: PAUL P. SANFORD

DV

03/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date