


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90056 020 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N02000005443</b>                       |  |
| <b>1. Entity Name</b><br>FORECLOSURE CONSULTING INC. |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>1230 ABBEY CRESCENT LANE<br>CLEARWATER, FL 33759 | <b>Mailing Address</b><br>1230 ABBEY CRESCENT LANE<br>CLEARWATER, FL 33759 |
|--|--|

|  |  |
|--|--|
| <b>2. Principal Place of Business</b><br>8245 NIGHT OWL COURT<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>8245 NIGHT OWL COURT<br>Suite, Apt. #, etc. |
|--|--|

|  |  |
|--|--|
| <b>City &amp; State</b><br>NEW PORT RICHEY, FL | <b>City &amp; State</b><br>NEW PORT RICHEY, FL |
| <b>Zip</b><br>34655                            | <b>Country</b><br>US                           |



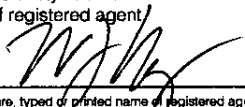
03242004 Chg-NP CR2E037 (10/03)

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>05-0534266 | <input type="checkbox"/> <b>Applied For</b><br><input type="checkbox"/> <b>Not Applicable</b> |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                      |  |
| FERNANDEZ, WILLIAM J JR<br>1230 ABBEY CRESCENT LANE<br>CLEARWATER, FL 33759 |  |

|   |                      |
|---|----------------------|
| <b>7. Name and Address of New Registered Agent</b>                          |                      |
| Name<br>WILLIAM FERNANDEZ JR  |                      |
| Street Address (P.O. Box Number is Not Acceptable)<br>8245 NIGHT OWL COURT, |                      |
| City<br>NEW PORT RICHEY   | Zip Code<br>FL 34655 |

|  |                 |
|--|-----------------|
| <b>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.</b> |                 |
| SIGNATURE<br>  | DATE<br>3/23/04 |

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

|  |                                    |
|--|------------------------------------|
| <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|--|------------------------------------|

**Make check payable to**  
**Florida Department of State**

| 10. OFFICERS AND DIRECTORS                        |                                 |
|---|---------------------------------|
| <b>TITLE</b><br>P                                 | <input type="checkbox"/> Delete |
| <b>NAME</b><br>FERNANDEZ, WILLIAM J JR            |                                 |
| <b>STREET ADDRESS</b><br>1230 ABBEY CRESCENT LANE |                                 |
| <b>CITY-ST-ZIP</b><br>CLEARWATER, FL 33759        |                                 |
| <b>TITLE</b><br>V                                 | <input type="checkbox"/> Delete |
| <b>NAME</b><br>WOODALL, BECKY                     |                                 |
| <b>STREET ADDRESS</b><br>1230 ABBEY CRESCENT LANE |                                 |
| <b>CITY-ST-ZIP</b><br>CLEARWATER, FL 33759        |                                 |
| <b>TITLE</b>                                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                                       |                                 |
| <b>STREET ADDRESS</b>                             |                                 |
| <b>CITY-ST-ZIP</b>                                |                                 |
| <b>TITLE</b>                                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                                       |                                 |
| <b>STREET ADDRESS</b>                             |                                 |
| <b>CITY-ST-ZIP</b>                                |                                 |
| <b>TITLE</b>                                      | <input type="checkbox"/> Delete |
| <b>NAME</b>                                       |                                 |
| <b>STREET ADDRESS</b>                             |                                 |
| <b>CITY-ST-ZIP</b>                                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| <b>TITLE</b><br>P                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>FERNANDEZ, WILLIAM J JR                |  |
| <b>STREET ADDRESS</b><br>8245 NIGHT OWL COURT         |  |
| <b>CITY-ST-ZIP</b><br>NEW PORT RICHEY, FL 34655       |  |
| <b>TITLE</b><br>V                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b><br>WOODALL, BECKY                         |  |
| <b>STREET ADDRESS</b><br>3615 FORAY LANE              |  |
| <b>CITY-ST-ZIP</b><br>NEW PORT RICHEY, FL 34655       |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |
| <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>   |  |
| <b>STREET ADDRESS</b>                                 |  |
| <b>CITY-ST-ZIP</b>                                    |  |

**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 617, 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.**

