

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003315

FILED
Jan 05, 2004
Secretary of State**Entity Name:** CONSUMER BUDGET COUNSELING INC.**Current Principal Place of Business:**1225 TAMIAMI TRAIL
UNIT B15
PORT CHARLOTTE, FL 33953**New Principal Place of Business:****Current Mailing Address:**1225 TAMIAMI TRAIL
UNIT B15
PORT CHARLOTTE, FL 33953**New Mailing Address:****FEI Number:** 65-0597209**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**PRINCIPATO, PAUL
125 SE COLONIAL STREET
PORT CHARLOTTE, FL 33952 US**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: PRINCIPATO, MARIANNE
Address: 125 S.E. COLONIAL ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** VTD () Delete
Name: PRINCIPATO, PAUL
Address: 125 S.E. COLONIAL ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** SD () Delete
Name: DIMARIA, PAUL
Address: 105 SE COLONIAL ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** VT () Delete
Name: PRINCIPATO, PETER
Address: 3609 NIMROD STREET
City-St-Zip: SEAFORD, NY 11783**Title:** D () Delete
Name: MACINTOSH, WINSTON
Address: 106 SE COLONIAL ST
City-St-Zip: PORT CHARLOTTE, FL 33952**Title:** D () Delete
Name: BLACKETTA, EDMUND
Address: 101 SE PECKHAM STREET
City-St-Zip: PORT CHARLOTTE, FL 33952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VTD (X) Change () Addition
Name: PRINCIPATO, PAUL R
Address: 125 S.E. COLONIAL ST
City-St-Zip: PORT CHARLOTTE, FL 33952**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: PAUL R. PRINCIPATO

VP

01/05/2004

Electronic Signature of Signing Officer or Director

Date