

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043904

FILED  
Jan 16, 2005  
Secretary of State

Entity Name: GARY MASTRY CONSULTING, INC.

## Current Principal Place of Business:

290 BELAIRE CT.  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

6851 CYPRESS GROVE CIRCLE  
PUNTA GORDA, FL 33982

## Current Mailing Address:

290 BELAIRE CT.  
PUNTA GORDA, FL 33950

## New Mailing Address:

6851 CYPRESS GROVE CIRCLE  
PUNTA GORDA, FL 33982

FEI Number: 65-1008873

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASTRY, GARY  
290 BELAIRE CT.  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

MASTRY, GARY  
6851 CYPRESS GROVE CIRCLE  
PUNTA GORDA, FL 33982 US

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:

01/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR ( ) Delete  
Name: MASTRY, GARY M P  
Address: 290 BELAIRE CT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MR ( ) Delete  
Name: MASTRY, GARY M S  
Address: 290 BELAIRE CT  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MR ( ) Delete  
Name: MASTRY, GARY M T  
Address: 290 BELAIRE CT  
City-St-Zip: PUNTA GORDA, FL 33950 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: MASTRY, GARY M P  
Address: 6851 CYPRESS GROVE CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MR (X) Change ( ) Addition  
Name: MASTRY, GARY M S  
Address: 6851 CYPRESS GROVE CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: MR (X) Change ( ) Addition  
Name: MASTRY, GARY M T  
Address: 6851 CYPRESS GROVE CIRCLE  
City-St-Zip: PUNTA GORDA, FL 33982 US

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

SIGNATURE: GARY MASTRY

P

01/16/2005

Electronic Signature of Signing Officer or Director

Date