2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P000Q0055012

Entity Name

Principal Place of Business

5496 EAGLE LAKE DRIVE

PALM BEACH GARDENS, FL 33418

CONSULTING FOR RESULTS, INC.



Mailing Address

5496 EAGLE LAKE DRIVE

PALM BEACH GARDENS, FL 33418

FILED Apr 21, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For 65-1016115

 Not Applicable

5. Certificate of Status Desired

01142004

\$8.75

6. Name and Address of Current Registered Agent

PIZZINO, GERALD P 5496 EAGLE LAKE DRIVE PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Fforlda.) am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and tipe a	f applicable. (NOTE Registered	Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing \$5.00	04/21/04-80023-013 150.00	•
10.	OFFICERS AND DIREC	TORS		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZINO, GERALD P 5496 EAGLE LAKE DRIVE PALM BEACH GARDENS, FL 33418			- · · · -	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filling 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 607, 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2004

(561) 691-9843