

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90025 024 \*\*\*150.00

**DOCUMENT # P00000073825**

1. Entity Name  
PEOPLE'S CONSULTING, INC.



Principal Place of Business  
3005 COVEWOOD PLACE  
CLEARWATER, FL 33761

Mailing Address  
3005 COVEWOOD PLACE  
CLEARWATER, FL 33761

54004871



2. Principal Place of Business  
1339 Fallowfield Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
1339 Fallowfield Drive  
Suite, Apt. #, etc.

02042004 Chg-P CR2E034 (10/03)

City & State  
Trinity, FL

City & State  
Trinity, FL

4. FEI Number  
59-3662509

Applied For  
Not Applicable

Zip Country  
34655 Pasco

Zip Country  
34655 Pasco

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WIENER, CHARLES  
3005 COVEWOOD PL  
CLEARWATER, FL 33761

**7. Name and Address of New Registered Agent**

Name  
Charles Wiener

Street Address (P.O. Box Number is Not Acceptable)

1339 Fallowfield Drive

City  
Trinity

FL

Zip Code  
34655

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D ☐ Delete  
NAME WIENER, CHARLES  
STREET ADDRESS 3005 COVEWOOD PLACE  
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1339 Fallowfield Drive  
CITY-ST-ZIP Trinity, FL 34655

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Charles H. Wiener*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-04 727-580-5899