

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90041 015 ***150.00

DOCUMENT # P00000101864

1. Entity Name
D.P.D. CONSULTING GROUP, INC.



Principal Place of Business
800 PARKVIEW DRIVE
PH 1018
HALLANDALE, FL 33009

Mailing Address
800 PARKVIEW DRIVE
PH 1018
HALLANDALE, FL 33009

00032188



2. Principal Place of Business

3700 E. LAKE ESTATES DR.

Suite, Apt. #, etc.

3. Mailing Address

3700 E. LAKE ESTATES DR.

Suite, Apt. #, etc.

03092005

Chg-P

CR2E034 (10/03)

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-1051349

Applied For

Not Applicable

Zip

33328

Country

Zip

33328

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, MICHAEL A
2514 HOLLYWOOD BLVD.
SUITE 508
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name JEWETT, CHARLES E.

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

2514 HOLLYWOOD BLVD.

SUITE 508

City

HOLLYWOOD

FL

Zip Code

33020

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 MILFORD, TED O III
STREET ADDRESS 800 PARKVIEW DRIVE PH 1018
CITY-ST-ZIP HALLANDALE, FL 33009

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 D ☒ Change ☐ Addition
NAME MILFORD, TED O III
STREET ADDRESS 3700 E. LAKES ESTATE DRIVE
CITY-ST-ZIP DAVIE, FL 33328

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED MILFORD

Date

3/27/05

Daytime Phone #