

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000106728

1. Entity Name
ANSAM CONSULTING GROUP, INC.



Principal Place of Business
**17639 ARCHLAND PASS ROAD
LUTZ, FL 33558**

Maining Address
**17639 ARCHLAND PASS ROAD
LUTZ, FL 33558**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3682130

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KHMARIN, ROSTISLAV
17639 ARCHLAND PASS ROAD
LUTZ, FL 33558**

**DO NOT WRITE
IN THIS SPACE**

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 qualifications of registered agent.

SIGNATURE _____

Signature of the registered agent or the person authorized to change the registered agent or office.

Signature of the officer or director authorized to change the registered agent or office.

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
NAME
STREET ADDRESS
CITY, ST, ZIP
**PSD
ROSTISLAV, KHMARIN
17639 ARCHLAND PASS ROAD
LUTZ, FL 33558**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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000000018782
01/29/04-80001-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 another fee empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSTISLAV KHMARIN