

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003837

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: WMS CONSULTING SERVICES, INC.

## Current Principal Place of Business:

503 SUWANEE CIRCLE  
TAMPA, FL 33606

## New Principal Place of Business:

210 W. PLATT STREET  
TAMPA, FL 33606

## Current Mailing Address:

503 SUWANEE CIRCLE  
TAMPA, FL 33606

## New Mailing Address:

210 W. PLATT STREET  
TAMPA, FL 33606

FEI Number: 59-3623104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DANRELL  
503 SUWANEE CIRCLE  
TAMPA, FL 33606 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILLIAMS, DARRELL  
Address: 503 SUWANEE CIRCLE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: WILLIAMS, JENNIFER  
Address: 503 SUWANEE CIRCLE  
City-St-Zip: TAMPA, FL 33606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DARRELL WILLIAMS

D

04/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date