


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90006 044 ***150.00

DOCUMENT # P01000007750					
1. Entity Name TRD CONSULTING, INC.					
Principal Place of Business 15 AVENUE DELA MER STE 2205 PALM COAST, FL 32137			Mailing Address 15 AVENUE DELA MER STE 2205 PALM COAST, FL 32137		
2. Principal Place of Business 297 St Johns Golf Dr.		3. Mailing Address 297 St Johns Golf Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St Augustine, FL		City & State St Augustine, FL		4. FEI Number 59-3694232	
Zip 32092		Country St Johns		Applied For Not Applicable	
Zip 32092		Country St Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMUYT, ROSEMARY 4062 GLENHURST DRIVE NORTH JACKSONVILLE, FL 32224			7. Name and Address of New Registered Agent Name DeMuyt, Rosemary Street Address (P.O. Box Number is Not Acceptable) 297 St Johns Golf Dr City St Augustine FL Zip Code 32092		
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. Rosemary DeMuyt Rosemary Rosemary DeMuyt 2/15/04 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMUYT, ROSEMARY 15 AVE DE LA MAR PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DeMuyt, Rosemary 297 St Johns Golf Dr. St Augustine, FL 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rosemary DeMuyt		2/15/04		904 823-3642	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	