

# **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000019014

**FILED**  
**Mar 02, 2004**  
**Secretary of State**

**Entity Name:** PROTEA CONSULTING INC.

**Current Principal Place of Business:**

1713 HERTIAGE OAKS CT  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 61  
DUNEDIN, FL 34697

**New Mailing Address:**

P.O BOX 2475  
TARPON SPRINGS, FL 34688

**FEI Number:** 59-3697336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSSMANN, IVAN D  
3071 SEAN WAY  
PALM HARBOR, FL 34684

**Name and Address of New Registered Agent:**

ROSSMANN, IVAN D  
1713 HERITAGE OAKS CT  
TARPON SPRINGS, FL 34689

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

03/02/2004

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ROSSMANN, IVAN  
Address: 1713 HERITAGE OAKS CT  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: IVAN ROSSMANN

P

03/02/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date