


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000022999

1. Entity Name
CHARLES FARRELL CONSULTING, INC.



Principal Place of Business
**2375 ST JOHNS BLUFF RD STE 105
 JACKSONVILLE, FL 32246**

Mailing Address
**12224 HIGH PINE RD, SOUTH
 JACKSONVILLE, FL 32225**

DO NOT WRITE IN THIS SPACE



04252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3714924

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PALMER, PAMELA R CPA
 PALMER AND TRAYLOR, LLC
 101 CENTURY 21 DRIVE, SUITE 109
 JACKSONVILLE, FL 32216**

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 obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)

**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	P FARRELL, CHARLES 2375 ST JOHNS BLUFF RD STE 105 JACKSONVILLE, FL 32246
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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: *x Charles Farrell* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

x 4-30-04 **Date**

9043389606 **Daytime Phone #**

ext 102