


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000030494 1. Entity Name WAKEMAN CONSULTING, INC.	
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Principal Place of Business 306 E. MAIN ST., STE. 200 LAKELAND, FL 33801	Mailing Address PO BOX 90517 LAKELAND, FL 33804-0517
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04162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0019032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAKEMAN, WILLIAM H III
306 E. MAIN ST., STE. 200
LAKELAND, FL 33801

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	PC WAKEMAN, WILLIAM H III 1208 LAKE DEESON WOODS LN LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WAKEMAN, RICHARD T 306 E. MAIN ST., STE 200 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KIRKLAND, HILLEVI E 1427 GLENDALE ST. LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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: Hillevi E Kirkland Treasurer Hillevi E. Kirkland 4-16-04 863-688-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #