2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 29, 2004 8:00 am				
DOCUMENT # P01000042896 1. Enlity Name MORE & MORE CONSULTING SERVICES, INC.					Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90336 011 ***150.00				
						04-29-2004 9	0000011	190.00	
Principal Place of Business () Mailing Address			I	·					
6460 NE 13 Kirkland, W	5TH PLACE	8480 W. HOMOSASSA TRAIL HOMOSASSA, FL 34446							
1.1584.132	3. Story 1 - 3 612 72						(ENE SHITT) HE		
2. Principal P 12815	nace of Business Mand AUC NE	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262004	Chg-P	CR2E034 (10	V03)	
City& State KiRKLAND, INA		City & State			4. FEI Number 59-3718			Applied For Not Applicable	
Zip 980.34 Country 13A		Zip -	Country			f Status Desired		5 Additional equired	
6. Name and Address of Current Registered Agent					7. Name and 4	Address of New R			
BOMAR, CARSON B 8480 W. HOMOSASSA TRAIL HOMOSASSA, FL 34446				Name Street Address (P.O. Box Number is Not Acceptable)					
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									
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004.Fee will be \$550.00 Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS IN 11	
TITLE 🦯 🖓	PRES				PRES MA ULI // am R. D'Change, Addition				
NAME STREET ADDRESS	MORE, MR. WILLIAM R 6460 NE 135TH PLACE			PRES MORE, MR. William R. Address 12815 42nd Avenue NE Address Right Kland, WA 98034			aquess		
CITY-SI-ZIP	KIRKLAND, WA 98034				RKLand	, WA 98	034		
ग्राम् NAME	ST Delete T MORE, MRS. BETTY E			57	Do NOZ	. Betty E d Avene WA 980		hange Addition	
STREET ADDRESS	MORE, MRS. BETTY E 6460 NE 135TH PLACE			DRESS 126	215 M20	d Avene	ie NE"		
CITY-ST-ZIP	KIRKLAND, WA 98034			P Kir	Khand,	WA 980	34		
title Name	÷	Delete	TITLE NAME					hange 🔲 Addition	
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TITLE		Delete	TITLE	<u> </u>				hange 🔲 Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET AD						
	partify that the information symplified with	the films does not suplify for	CITY-ST-Z				6 ab 116 al		

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.
CIENIATIIDE. Setty E. More 5u/Theas 4/26/2004 H25-825-8634
Betty E. More

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