2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2004
Secretary of State

DOCUMENT# P01000046600

Entity Name: LEGAL NURSE CONSULTING, INC.

Current Principal Place of Business:

905 N HARBOR CITY BLVD
WATERLINE MARINA SLIP A1
MELBOURNE, FL 32935 US

New Principal Place of Business:

911 N HARBOR CITY BLVD
WATERLINE MARINA
MELBOURNE, FL 32935 US

Current Mailing Address:

PO BOX 212
MELBOURNE, FL 329020212 US

New Mailing Address:

FEI Number: 95-3018170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OTTO, WANDA J RN
PO BOX 212
MELBOURNE, FL 329020212 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OTTO, WANDA J RN
Address: PO BOX 212
City-St-Zip: MELBOURNE, FL 329020212 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES ( ) Change (X) Addition
Name: OTTO, JAMES C
Address: PO BOX 212
City-St-Zip: MELBOURNE, FL 329020212 US

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: WANDA J OTTO PD 04/10/2004
Electronic Signature of Signing Officer or Director Date