


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90157 041 \*\*\*150.00

<b>DOCUMENT # P01000058016</b>					
<b>1. Entity Name</b> HCG CONSULTING, INC.					
<b>Principal Place of Business</b> 3145 KINGS ROAD ST. AUGUSTINE, FL 32086			<b>Mailing Address</b> 3145 KINGS ROAD ST. AUGUSTINE, FL 32086		
<b>2. Principal Place of Business</b> 365 MARSH POINT CR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 365 MARSH POINT CR Suite, Apt. #, etc.			
<b>City &amp; State</b> ST AUGUSTINE Zip 32080 Country USA		<b>City &amp; State</b> ST AUGUSTINE Zip 32080 Country USA		<b>4. FEI Number</b> 59-3727401	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  PALMER, DAVID CHARLES 3145 KINGS ROAD ST. AUGUSTINE, FL 32086			<b>7. Name and Address of New Registered Agent</b> Name PALMER, DAVID CHARLES Street Address (P.O. Box Number is Not Acceptable) 365 MARSH POINT CR City ST AUGUSTINE FL Zip Code 32080		
<b>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.</b> SIGNATURE <u>David C Palmer</u> DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, DAVID C 1432 KIPLING LN SAINT AUGUSTINE, FL 320957031		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER DAVID C 365 MARSH POINT CIRCLE ST AUGUSTINE FL 32080	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>David C Palmer</u>			Date <u>4/30/04</u> Daytime Phone #		

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