


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90039 037 \*\*\*150.00

<b>DOCUMENT # P01000072164</b>	
1. Entity Name <b>THE VOYAGER CONSULTING GROUP, INC.</b>	

Principal Place of Business <b>6373 PUTNAM ST ST AUGUSTINE, FL 32080</b>	Mailing Address <b>6373 PUTNAM ST ST AUGUSTINE, FL 32080</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04212004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3732696**

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

6. Name and Address of Current Registered Agent	
<b>MEEKS, CHARLES E JR 6373 PUTNAM ST ST AUGUSTINE, FL 32080</b>	

7. Name and Address of New Registered Agent	
Name <b>ANN M. MEEKS</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>6373 PUTNAM ST.</b>	
City <b>ST. AUGUSTINE</b>	FL Zip Code <b>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.

SIGNATURE *Ann M. Meeks* **4-21-04**  
Signature of person or printed name of registered agent and agent, if applicable. (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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MEEKS, JR, CHARLES E</b>	
STREET ADDRESS <b>6373 PUTNAM STREET</b>	
CITY-ST-ZIP <b>SAINT AUGUSTINE, FL 32080</b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Delete
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANN M. MEEKS</b>	
STREET ADDRESS <b>6373 PUTNAM ST.</b>	
CITY-ST-ZIP <b>ST. AUGUSTINE, FL 32080</b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>	
STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></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.

SIGNATURE: *Ann M. Meeks* **4-21-04** **904 471-4747**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ANN M. MEEKS, PRES.**