## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## May 17, 2004 08:00 AM — Secretary of State DOCUMENT # P01000076711 1. Entity Name A.W.S. CONSULTING, INC. Principal Place of Business Mailing Address 3533 SHADOWOOD DR. 3533 SHADOWOOD DR. VALRICO, FL 33594 VALRICO, FL 33594 No Chg-P CR2E034 (10/03) 04262004 DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 59-3735794 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYRNE, JAMES A ESQ. DO NOT WRITE 540-4TH ST. NORTH ST. PETERSBURG, FL 33701 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE 100000160599 9. Election Campaign Financing \$5.00 May \$5.7704-80085-023 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution OFFICERS AND DIRECTORS 10. TITLE SUMA, ARTHUR W NAME 3533 SHADOWOOD DR. STREET ADDRESS CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

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 direct of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like expowered.

4-27-04

NAME
STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP