
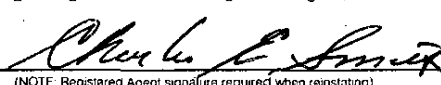



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90039 023 \*\*\*150.00

<b>DOCUMENT # P01000085977</b>					
<b>1. Entity Name</b> C.E.S. CONSULTING, INC.					
<b>Principal Place of Business</b> 7375 S.W. 33RD STREET PALM CITY FL 34990 US			<b>Mailing Address</b> 7375 S.W. 33RD STREET PALM CITY FL 34990 US		
<b>2. Principal Place of Business</b> 7375 S.W. 33 St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> P.O. Box 2236 Suite, Apt. #, etc.			
<b>City &amp; State</b> Palm City Zip 344990		<b>City &amp; State</b> Palm City Zip 34991		<b>Country</b> Martin	
<b>4. FEI Number</b> 65-0388426				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SMITH, CHARLES E 7375 SW 33RD STREET PALM CITY FL 34990			<b>7. Name and Address of New Registered Agent</b> Name: Charles E. Smith Street Address (P.O. Box Number is Not Acceptable): 7375 S.W. 33 Street City: Palm City FL Zip Code: 34990		
<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>					
<b>SIGNATURE</b> Charles E. Smith <small>Signature, typed or printed name of registered agent and title if applicable.</small>				2/26/2004 <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD	<b>NAME</b> SMITH, CHARLES E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 2236	<b>CITY-ST-ZIP</b> PALM CITY FL 34991		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> VT	<b>NAME</b> SMITH, CHERYL L		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 2236	<b>CITY-ST-ZIP</b> PALM CITY FL 34991		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> S	<b>NAME</b> SMITH, CHRISTINE E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> P.O. BOX 2236	<b>CITY-ST-ZIP</b> PALM CITY FL 34991		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<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> Charles E. Smith				2/26/2004 772-286-5761	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	