## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000093302** 1. Entity Name NEXGEN CONSULTING, INC.



FILED May 13, 2004 8:00 am Secretary of State

05-13-2004 90008 040 \*\*\*150.00

Principal Place of Business

Mailing Address

3411-CAPITAL MEDICAL DR., STE. 200 TALLAHASSEE, FL 32308
1310 Thomasville Road Tallahassee, FL 32303

3411 CAPITAL MEDICAL DR., STE. 200 TALLAHASSEE, FL 32308 P.O. Box 14472 Tallahassee, FL



03062003

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3745436

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EGGERT, NICKOLETTE A 215 MILL BRANCH RD TALLAHASSEE, FL 32308

SIGNATURE:

## DO NOT WRITE 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 accept the obligations of registered agent.					
SIGNATURE Signature, typed or pgintery name of registered agent and title if applicable. (NOTE registered Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 Due by September 8, 2004		Election Campaign Financin     Trust Fund Contribution.	g	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGERT, CHRISTOPHER 215 MILL BRANCH RD. TALLAHASSEE, FL 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGGERT, NICKOLETTE A 215 MILL BRANCH RD. TALLAHASSEE, FL 32312		ā		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

OF SIGNING OFFICER OR DIRECTOR

Ottachment



24605253 #F01000093300

May 12, 2004

Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314

To Whom It May Concern:

Please accept and see our 2004 form that we downloaded from the internet and note that the address for the Principal Place of Business is not correct. We did not receive the 2004 form in the mail and this may be the reason why. We have merged with another company and our address and name has changed. The correct name is now Aegis Computer Services the Next Generation. The correct physical address is 1310 Thomasville Road, Tallahassee, Florida 32303 and the mailing address is P.O. Box 14472, Tallahassee, Florida 32317.

If you have any questions please feel free to call me at 850-422-2661.

Thank you,

Nikki Eggert

**Executive Administrator**