

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000096488

Entity Name: FL. RE CONSULTING, INC.

**FILED**  
**Feb 18, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

170 JOANNE PLACE  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

170 JOANNE PLACE  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3748599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALEM, EDWARD  
170 JOANNE PLACE  
OLDSMAR, FL 34677      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: SALEM, EDWARD  
Address: 170 JOANNE PLACE  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD SALEM

PRES

02/18/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date