

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90039 033 ***150.00

DOCUMENT # P02000011604 1. Entity Name NCR ORGANIZATIONAL CONSULTING, INC.					
Principal Place of Business 2526 CANTERBURY CIR. VIERA, FL 32955			Mailing Address 2526 CANTERBURY CIR. VIERA, FL 32955		
2. Principal Place of Business Nancy C. Bruder 912 Handsome Cab Ln #104 Melbourne, FL 32940		3. Mailing Address Nancy C. Bruder 912 Handsome Cab Ln #104 Melbourne, FL 32940			
City & State City: Zip:		City & State City: Zip:		4. FEI Number 41-2028411	
Zip: Country:		Zip: Country:		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RITSON, NANCY C 2526 CANTERBURY CIR. VIERA, FL 32955			7. Name and Address of New Registered Agent Nancy C. Bruder 912 Handsome Cab Ln #104 Melbourne, FL 32940		
8. The above named entity the obligations of registr			ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE _____ Signature, typed:			(NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! After May 1, 2004			Campaign Financing Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10.			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITSON, NANCY C 2526 CANTERBURY CIR. VIERA, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy C. Bruder, Pres 912 Handsome Cab Ln #104 Melbourne, FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Nancy C Bruder</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>1-8-04</i> Daytime Phone #: <i>321-255-9102</i>		