

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90526 025 ***150.00

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DOCUMENT # P02000014605

1. Entity Name
J. G. & H. CONSULTING



Principal Place of Business
**36 ZONAL GERANIUM TRAIL
 PALM COAST, FL 32164**

Mailing Address
**36 ZONAL GERANIUM TRAIL
 PALM COAST, FL 32164**

2. Principal Place of Business
10 EAST BAYHOLE DR.

3. Mailing Address
P.O. Box 82

Suite, Apt. #, etc.

City & State
POLOLANGE, FL

City & State
NEW SMYRNA BEACH, FL

Zip
32170

Country
Volusia

04282005 Chg-P CR2E034 (10/03)

4. FEI Number
01-0625131

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CINO, CHARLES J
 555 W GRANADA BLVD STE E-12
 ORMOND BCH, FL 32174**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

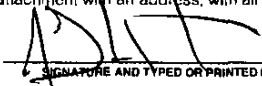
10. OFFICERS AND DIRECTORS

TITLE DPVT	<input type="checkbox"/> Delete
NAME HAMILTON, GARY	
STREET ADDRESS 36 ZONAL GERANIUM TRAIL	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE S	<input type="checkbox"/> Delete
NAME HAMILTON, GARY	
STREET ADDRESS 36 ZONAL GERANIUM TRAIL	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, GARY	
STREET ADDRESS P.O. 82	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAMILTON, GARY	
STREET ADDRESS P.O. 82	
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32170	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  **April 27, 2005** **386-931-6789**
Signature and typed or printed name of signing officer or director Date Daytime Phone #