



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.		Suite, Apt. #, etc.	
City & State POLOA, FL		City & State NEW Smyrna Beach, FL	
Zip 32174	Country VOLUSIA	Zip 32170	Country VOLUSIA
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT HAMILTON, GARY 36 ZONAL GERANIUM TRAIL PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT HAMILTON, Gary P.O. 82 NEW Smyrna Beach, FL 32170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: April 27, 2005 386-931-6789	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	