


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90088 015 ***150.00

DOCUMENT # P02000017699 1. Entity Name DEFAULT CONSULTING GROUP, INC.			
Principal Place of Business C/O BUTLER & HOSCH PA 3185 S CONWAY ROAD SUITE E ORLANDO, FL 32812		Mailing Address C/O BUTLER & HOSCH PA 3185 S CONWAY ROAD SUITE E ORLANDO, FL 32812	
2. Principal Place of Business 3185 S. Conway Rd. Suite, Apt. #, etc. Ste. B City & State Orlando, FL Zip 32812		3. Mailing Address 3185 S. Conway Rd. Suite, Apt. #, etc. Ste. B City & State Orlando, FL Zip 32812	
Country U.S.A.		Country U.S.A.	
4. FEI Number 03-0408908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTLER & HOSCH, P.A. C/O ROBERT H HOSCH JR 3185 S CONWAY ROAD SUITE E ORLANDO, FL 32812		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		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	VSD SHARKEY, COLLEEN M 940 FRAMLINGHAM COURT UNIT 100 LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D. Victor Butler, Jr. 3185 S. Conway Rd. Ste E Orlando, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PTD FOWLER, RICHARD D 3315 HEATHGATE COURT ORLANDO, FL 32812	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 CD HOSCH, ROBERT H JR 1539 CONWAY ISLE CIRCLE ORLANDO, FL 32809	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 reports 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>Richard Fowler</i>		Date: 3/31/05 Daytime Phone #: (407) 384-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50033336



03302005 Chg-P CR2E034 (10/03)