

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000032301

1. Entity Name
IHD CONSULTING, INC.



Principal Place of Business
1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250

Mailing Address
1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3040208

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, DON
1835 ARDEN WAY
JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P
NAME BAILEY, DONALD F
STREET ADDRESS 1835 ARDEN WAY
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE V
NAME BAILEY, MARY C
STREET ADDRESS 1835 ARDEN WAY
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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U00000353076
05/03/05-80052-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:

Donald F. Bailey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD F. BAILEY

4/28/05

904-241-0229

Date

Daytime Phone #