

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr-19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000032970	
1. Entity Name KORMAN CONSULTING SERVICES, INC.	

Principal Place of Business 610 HARRISON AVE ORANGE PARK, FL 32065	Mailing Address 610 HARRISON AVE ORANGE PARK, FL 32065
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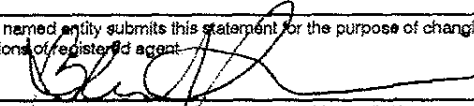
04142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0641321	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KORMAN, BLAIR G 610 HARRISON AVE ORANGE PARK, FL 32065

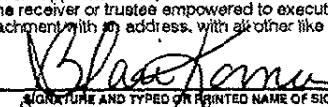
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IN THIS SPACE**

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.	4-10-04
SIGNATURE 	DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000117180 04/19/04-80008-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KORMAN, BLAIR G 610 HARRISON AVE ORANGE PARK, FL 32065
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IN THIS SPACE**

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.	4-10-04	904-887-2340
SIGNATURE: 	Date	Daytime Phone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		