2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# P02000038464

Entity Name: X 5 CONSULTING, INC.

Current Principal Place of Business:

3617 CROWN POINT RD, STE #1
#2
JACKSONVILLE, FL 32257

New Principal Place of Business:

7461 SCARLET IBIS LANE
JACKSONVILLE, FL 32256

Current Mailing Address:

PO BOX 24668
JACKSONVILLE, FL 32241

New Mailing Address:

7461 SCARLET IBIS LANE
JACKSONVILLE, FL 32256

FEI Number: 03-0436726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERNANDEZ, MEREDITH A
3617 CROWN POINT RD
SUITE 2
JACKSONVILLE, FL 32257

Name and Address of New Registered Agent:

HERRIN, DONNA M
7461 SCARLET IBIS LANE
JACKSONVILLE, FL 32256

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.

SIGNATURE: DONNA M. HERRIN 03/09/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: HERRIN, DONNA M
Address: PO BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

Title: DV ( ) Delete
Name: HERRIN, MASON G
Address: PO BOX 24668
City-St-Zip: JACKSONVILLE, FL 322414668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: HERRIN, DONNA M
Address: 7461 SCARLET IBIS LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV (X) Change ( ) Addition
Name: HERRIN, MASON G
Address: 7461 SCARLET IBIS LANE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. HERRIN DPST 03/09/2004
Electronic Signature of Signing Officer or Director Date