


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P02000052014 1. Entity Name ANW CONSULTING CORP. |  |
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| Principal Place of Business 536 CONIFER ST MELBOURNE, FL 32904 | Mailing Address 536 CONIFER ST MELBOURNE, FL 32904 |
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| DO NOT WRITE IN THIS SPACE |
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01152004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 01-0684767 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent WILSON, A. THOMAS 536 CONIFER ST PENSACOLA, FL 32504 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WILSON, THOMAS 536 CONIFER ST MELBOURNE, FL 32904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WILSON, NANCY S 536 CONIFER ST MELBOURNE, FL 32904 |
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| U000000102694 04/05/04-80026-011 150.00 |
| 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 119.07(3)(g), 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: A. Thomas Wilson 4-1-04 321-952 82 87
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #