

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 031 ***150.00

DOCUMENT # P02000052454

1. Entity Name
CONSULTING AND FINANCIAL OUTSOURCING, INC.



Principal Place of Business
**10540 BASTILLE LANE
ORLANDO, FL 32836**

Mailing Address
**10540 BASTILLE LANE
ORLANDO, FL 32836**

04000016



2. Principal Place of Business
10963 Ledgecrest Lane
Suite, Apt. #, etc.

3. Mailing Address
10963 Ledgecrest Lane
Suite, Apt. #, etc.

02232004 Chg-P CR2E034 (10/03)

City & State
Windermere, FL
Zip Country
34786

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Windermere, FL
Zip Country
34786

4. FEI Number
01-0703238
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRY, LOUIS A
2720 AMAYA TERRACE
LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name **Louis A. Berry**
Street Address (P.O. Box Number is Not Acceptable)
10963 Ledgecrest Lane
City **Windermere** FL Zip Code **34786**

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 *Louis Berry* **Louis Berry** 3/15/04
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hollis BERRY, HALLIG 10540 BASTILLE LANE 271 ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10963 Ledgecrest Lane Windermere, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Louis Berry* **Louis Berry** 3/15/04 407-826-4023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #