

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068588

FILED
Jan 22, 2004
Secretary of State

Entity Name: M & P MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

367 OSBORNE DRIVE NE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1685
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 02-0622295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STECKLEIN, MONIQUE
367 OSBORNE DRIVE NE
FORT WALTON BEACH, FL 32548

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACBETH, PAUL
Address: 367 OSBORNE DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: MACBETH, MICHELLE
Address: 367 OSBORNE DRIVE NE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL MACBETH

D

01/22/2004

Electronic Signature of Signing Officer or Director

Date