2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Mar 08, 2004 08:00 AM DOCUMENT # P02000076930 Secretary of State 1. Entity Name VIRGINIA M. GRULER CONSULTANTS, INC. Principal Place of Business Mailing Address 1351 CANAL POINT RD 1351 CANAL POINT RD LONGWOOD, FL 32750 LONGWOOD, FL 32750 03042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1618222 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WALTERS, CHAD A ESQ DO NOT WRITE 174 W COMSTOCK AVE SUITE 207 WINTER PARK, FL 32789 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE GRULER, VIRGINIA M NAME STREET ADDRESS 1351 CANAL POINT RD U000000081340 LONGWOOD, FL 32750 CITY-ST-ZIP 03/08/04-80145-019 150.00 TITLE NAME STREET ADDRESS City-st-zip TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CMY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 chapter does not attachment with an address, with all other like empowered.

changed, or on an attachment with an address, with all other like empowered

TITLE

STREET ADDRESS

SIGNATURE:

SHORADORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

407-310-2284

Daytime Phone #

FILED