## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000082231

() Delete

PUISSEGUR, FRANK D

LAKELAND, FL 33813

2154 GROVE GLEN LN S

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: MCHENR	Y CONSULTING, INC.				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	. AVENUE STE D, FL 33813	. 12				
Current Mailing Address:			New Mail	New Mailing Address:		
	. AVENUE STE D, FL 33813	. 12				
FEI Number:	81-0563681	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
2154 GRO	JR, FRANK D VE GLEN LANI D, FL 33813	ES US				
	named entity s of Florida.	ubmits this statement for the pu	urpose of changing	its registered o	office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				 Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () MCHENRY, DAN 803 BENNINGEI BRANDON, FL	R DR	Title: Name: Address: City-St-Zip:	MCHENRY, DA	NT LOOP CIRCLE, # 302	
Title: Name: Address: City-St-Zip:	DVP () JOLLY, BARRY 803 BENNINGEI BRANDON, FL	R DR	Title: Name: Address: City-St-Zip:	JOLLY, BARR	NDLEWOOD ROAD	
Title: Name: Address: City-St-Zip:	VPD () WILDE, THOMA 803 BENNINGEI BRANDON, FL	R DR	Title: Name: Address: City-St-Zip:	WILDE, THOM 826 WEEDON		

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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: DANIEL S. MCHENRY **PRES** 04/29/2005