

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000090204

1. Entity Name
LUHRSEN CONSULTING CORPORATION



FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90264 019 ***150.00

Principal Place of Business
7624 DOUBLETION DRIVE
DELRAY BEACH, FL 33446 US

Mailing Address
7624 DOUBLETION DRIVE
DELRAY BEACH, FL 33446 US



2. Principal Place of Business
1104 Avondale Ct.
Suite, Apt. #, etc.

3. Mailing Address
1104 Avondale Ct.
Suite, Apt. #, etc.

01252004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach FL

City & State
West Palm Beach FL

Zip
33409

Country
USA

Zip
33409

Country
USA

4. FEI Number
33-1018852

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LUHRSEN, DAVID A.
7624 DOUBLETION DR.
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent
Name
Luhrsen, David A.
Street Address (P.O. Box Number is Not Acceptable)
1104 Avondale Ct.
City
West Palm Beach FL Zip Code
33409

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 David A. Luhrsen, Chairman David A. Luhrsen 4/7/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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*	SDT	<input type="checkbox"/> Delete
NAME	LUHRSEN, DAVID A	
STREET ADDRESS	7624 DOUBLETION DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LUHRSEN, NANCY G	
STREET ADDRESS	7624 DOUBLETION DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CSDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUHRSEN, DAVID A	
STREET ADDRESS	1104 Avondale Ct.	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luhrsen, Nancy G.	
STREET ADDRESS	1104 Avondale Ct.	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. Luhrsen, Chairman 4/7/2004 (561) 487-2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #