



(This is a copy of the form THAT I originally mailed IN)

1 of 2

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000112242			FILED 04 JUL 21 PM 3:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Entity Name OK CONSULTING AGENCY, INC.			
Principal Place of Business 8455 CONCORD BLVD W JACKSONVILLE, FL 32208		Mailing Address 8455 CONCORD BLVD W JACKSONVILLE, FL 32208	
DO NOT WRITE IN THIS SPACE			
		01202004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 05-0536087	
		Applied For Not Applied	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, D. LAWRENCE 1506 PRUDENTIAL DRIVE, SUITE 209 JACKSONVILLE, FL 32207		DO NOT WRITE IN THIS SPACE	
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 _____		900039641129 07/28/04--01036--015 **150.00	
Signature, typed or printed name of registered agent and 8% 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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, EVELYN D 8455 CONCORD BLVD W JACKSONVILLE, FL 32208		
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TITLE 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Evelyn D. Lee</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-20-04 (904)707- Date Daytime Phone #	

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TO: Mr. Gary Blankenbaker,

I recently received in the mail from the FLORIDA DEPT. OF STATE (Division of Corp.) A notice to Dissolve my Corporation (OK Consulting Agency, INC.)

I was shocked to receive this notice because I mailed my ANNUAL REPORT along with a check (#1193) on Jan. 20, 2004, when I first received it in the mail.

I recently spoke with a Representative from the Division of Corporations to inform them of this mistake by their Office.

They Recommended that I mail another check for 150.00. I've also checked with my Bank AND the check (#1193) has not cleared.

I am attaching a copy of the original form that I sent AND a copy of the check stub that was attached to the original check that I sent.

I hope your Office will clear this matter up as expeditiously as possible, SO THAT MY BUSINESS WILL NOT BE AFFECTED IN A NEGATIVE WAY.

I have also enclosed another check (#1321)
per: your instruction, in the amount of \$150.00

THANK YOU,

Evelyn D. Fee

(OK Consulting AGENCY, INC.)