## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## Secretary of State DOCUMENT # P02000113660 1. Entity Name PETÉRVAN CONSULTING, INC. Principal Place of Business Mailing Address 4091 GREEN TREE AVENUE **4091 GREEN TREE AVENUE** SARASOTA, FL 34233 SARASOTA, FL 34233 04142004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3658993 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAN DER WESTHUIZEN, PETER DO NOT WRITE 4091 GREEN TREE AVENUE SARASOTA, FL 34233 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable U00000129384 **\$5.00** May Be 9. Election Campaign Financing 04/26/04-80075-021 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PT TITLE VAN DER WESTHUIZEN, PETER NAME 4091 GREEN TREE AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME VAN DER WESTHUIZEN, CORNELIA C 4091 GREEN TREE AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

**FILED** 

Apr 26, 2004 08:00 AM