

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000119050

1. Entity Name

BABB CONSULTING GROUP, INC.



Principal Place of Business

8610 EGRET POINT COURT
TAMPA, FL 33647

Mailing Address

8610 EGRET POINT COURT
TAMPA, FL 33647

FILED
Apr 15, 2004 08:00 AM
Secretary of State



03112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2065727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABB, MICHAEL A
8610 EGRET POINT COURT
TAMPA, FL 33647

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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

U000000114415
04/15/04-80048-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BABB, MICHAEL A
STREET ADDRESS	8610 EGRET POINT COURT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	BABB, APRIL P
STREET ADDRESS	8610 EGRET POINT COURT
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04
Date

813-786-4386
Daytime Phone #