

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000132882

Entity Name: ENP CONSULTING, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

504 N. LIBERTY STREET  
JACKSONVILLE, FL 32202

## New Principal Place of Business:

7021 SALAMANCA AVENUE  
JACKSONVILLE, FL 32217

## Current Mailing Address:

504 N. LIBERTY STREET  
JACKSONVILLE, FL 32202

## New Mailing Address:

7021 SALAMANCA AVENUE  
JACKSONVILLE, FL 32217

FEI Number: 41-2072209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERS, ELIZABETH N  
504 N. LIBERTY STREET  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

PETERS, ELIZABETH N  
7021 SALAMANCA AVENUE  
JACKSONVILLE, FL 32217 US

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.

SIGNATURE:

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MRS ( ) Delete  
Name: PETERS, ELIZABETH N  
Address: 504 N. LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change ( ) Addition  
Name: PETERS, ELIZABETH N  
Address: 7021 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MR ( ) Change (X) Addition  
Name: PETERS, DOW W  
Address: 7021 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

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.

SIGNATURE: E NOEL PETERS

MRS

04/27/2004

Electronic Signature of Signing Officer or Director

Date