


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000013613 1. Entity Name P R BUSINESS CONSULTING, INC.		
Principal Place of Business 31142 SHINNECOCK HILLS AVE SORRERNT0, FL 32776	Mailing Address 31142 SHINNECOCK HILLS AVE SORRERNT0, FL 32776	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GLAZE, RON 31142 SHINNECOCK HILLS AVE SORRERNT0, FL 32776		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLAZE, PAULA 31142 SHINNECOCK HILLS AVE SORRERNT0, FL 32776	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLAZE, RON 31142 SHINNECOCK HILLS AVE SORRERNT0, FL 32776	
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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: <i>Ron Glaze</i> RON GLAZE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5-25-05 407-947-9792 <small>Date Daytime Phone #</small>



05202005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0584664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/31/05-80001-023 150.00