


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90002 049 ***150.00

DOCUMENT # P03000039326	
1. Entity Name GLRMDCON SULTING, INC.	

Principal Place of Business 2146KEATONCHA SE DRIVE ORANGEPA RK, FL320 03U S	Mailing Address 2146KEATONCHA SE DRIVE ORANGEPA RK, FL320 03U S
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54072302

2. Principal Place of Business <i>2894 Country Club Blvd</i> Suite, Apt. #, etc.	3. Mailing Address <i>2894 Country Club Blvd</i> Suite, Apt. #, etc.
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03052003 Chg-P CR2E034(10/03)

City & State <i>Orange Park, FL</i>	City & State <i>Orange Park, FL</i>
Zip <i>32073</i>	Country <i>USA</i>

4. FEI Number <i>57-1159207</i>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RISLEY, GEOFFREY L DR. 2146KEATONCHASEDRIVE ORANGE PARK, FL 32003	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with 607-193(2)(b), F.S., the corporation did not receive prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISLEY, GEOFFREY LDR. 2146KEATONCHASEDRIVE ORANGEPARK, FL32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Risley, Geoffrey L Dr.</i> <i>2894 Country Club Blvd</i> <i>Orange Park, FL 32073</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Dr. Geoffrey L. Risley</i>	Date: <i>9/7/04</i> (904) <i>276-0013</i>