

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90035 050 \*\*\*150.00

**DOCUMENT # P03000057738**

1. Entity Name  
**GPR CONSULTING, INC.**



Principal Place of Business  
**1251 BEACON CIRCLE  
WELLINGTON, FL 33414**

Mailing Address  
**1251 BEACON CIRCLE  
WELLINGTON, FL 33414**

**94031801**



2. Principal Place of Business

**1251 Beacon Circle**

Suite, Apt. #, etc.

3. Mailing Address

**1251 Beacon Circle**

Suite, Apt. #, etc.

02082004

Chg-P

CR2E034 (10/03)

City & State

**Wellington, FL**

City & State

**Wellington, FL**

4. FEI Number

**01-0786290**

Applied For

Not Applicable

Zip  
**33414**

Country

**Palm Beach**

Zip  
**33414**

Country

**Palm Beach**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CENTENO JUSTINIANO, HIRIAM A  
1251 BEACON CIRCLE  
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

**N/A**

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. **N/A**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE: **P** ☐ Delete  
NAME: **SPEIGLE, ELIZABETH K**  
STREET ADDRESS: **1251 BEACON CIRCLE**  
CITY-ST-ZIP: **WELLINGTON, FL 33414**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **N/A** ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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:**

**E. Speigle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/04**

Date

**561.793.6480**

Daytime Phone #