

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000062550

1. Entity Name  
DSO CONSULTING, CORP.



FILED

04 NOV 22 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2936 SOUTHWEST 22ND CIRCLE  
D  
DELRAY BEACH, FL 33445

Mailing Address  
2936 SOUTHWEST 22ND CIRCLE  
D  
DELRAY BEACH, FL 33445

2. Principal Place of Business

9042 Sedgewood Dr.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.



11032004

Chg-P

CR2E034 (10/03)

City & State  
LAKE WORTH, FL  
Zip 33467 Country USA

City & State  
Zip Country

4. FEI Number  
42-1595158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRYAN, DONALD S JR.  
2936 SOUTHWEST 22ND CIRCLE  
D  
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name  
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME O'BRYAN, DONALD S JR.  
STREET ADDRESS 2936 SOUTHWEST 22ND CIRCLE # D  
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Delete

TITLE VP  
NAME O'BRYAN, MELISSA A  
STREET ADDRESS 2936 SOUTHWEST 22ND CIRCLE # D  
CITY-ST-ZIP DELRAY BEACH, FL 33445 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
9042 Sedgewood Dr.  
LAKE WORTH, FL 33467

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
9042 Sedgewood Dr.  
LAKE WORTH, FL 33467

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500042928715  
11/22/04-01061-003 ☒ Change ☐ Addition  
61.25

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #