


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000083819 1. Entity Name RON KIRSCH CONSULTING, INC.	
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Principal Place of Business 1227 WILLOW OAKS DR W JACKSONVILLE BEACH, FL 32250	Mailing Address 1227 WILLOW OAKS DR W JACKSONVILLE BEACH, FL 32250
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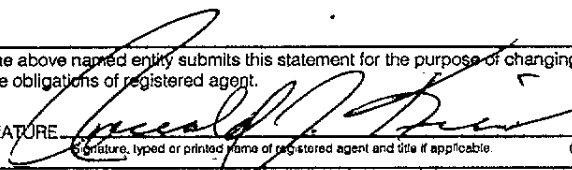
02042005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-1767603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KIRSCH, RONALD J 1227 WILLOW OAKS DR W JACKSONVILLE BEACH, FL 32250
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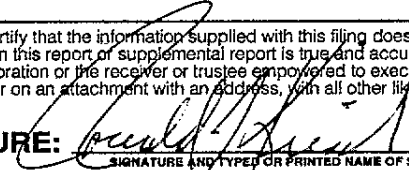
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  PRESIDENT Ronald J. KIRSCH 2/5/05 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRSCH, RONALD J 1227 WILLOW OAKS DR W JACKSONVILLE BEACH, FL 32250
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02/09/05-80049-008 150.00

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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:  RONALD J. KIRSCH 2/5/05 904-246-3974 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
