

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000086926

1. Entity Name

SAM E. MOUSA CONSULTING, INC.



Principal Place of Business

**8620 HUNTERS CREEK DR S
JACKSONVILLE, FL 32256**

Mailing Address

**8620 HUNTERS CREEK DR S
JACKSONVILLE, FL 32256**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number

55-0842277

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOUSA, SAM E
8620 HUNTERS CREEK DR S
JACKSONVILLE, FL 32256**

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

NAME

MOUSA, SAM E

STREET ADDRESS

8620 HUNTERS CREEK DR S

CITY-ST-ZIP

JACKSONVILLE, FL 32256

TITLE

S

NAME

MOUSA, SANDRA L

STREET ADDRESS

8620 HUNTERS CREEK DR S

CITY-ST-ZIP

JACKSONVILLE, FL 32256

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

**U00000342346
04/29/05-80053-007 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Sam E Mousa

SAM E MOUSA, Pres.

4-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #