

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P03000098436

1. Entity Name

DAVID CAMERON CONSULTING, INC.



FILED

**Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90028 032 ***150.00



1st MOORE CR2E034 (10/04)

Principal Place of Business 10205 CRYSTAL SPRINGS RD 10205 CRYSTAL SPRINGS RD JACKSONVILLE FL 32221		Mailing Address 10205 CRYSTAL SPRINGS RD JACKSONVILLE FL 32221	
2. Principal Place of Business 10205 CRYSTAL SPRINGS RD 10205 CRYSTAL SPRINGS RD Suite, Apt. #, etc.		3. Mailing Address 10205 CRYSTAL SPRINGS RD Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL 32221		City & State JACKSONVILLE, FL 32221	
Zip 32221	Country DUVAL	Zip 32221	Country DUVAL
6. Name and Address of Current Registered Agent CAMERON, DAVID 10205 CRYSTAL SPRINGS RD JACKSONVILLE FL 32221		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

Dal M. Cam
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMERON, DAVID 10205 CRYSTAL SPRING RD JACKSONVILLE FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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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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

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: *Dal M. Cam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-05

904-781-4176

Date

Daytime Phone #