

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90009 043 ***150.00

DOCUMENT # P03000101933

1. Entity Name
MSI GLOBAL CONSULTING, INC.



Principal Place of Business
7380 SAND LAKE RD
SUITE 511
ORLANDO, FL 32801

Mailing Address
200 E ROBINSON ST
SUITE 500
ORLANDO, FL 32801

94039658



2. Principal Place of Business

1400 W. FAIRBANKS AVE.

Suite, Apt. #, etc.

SUITE 102

City & State

WINTER PARK, FL

Zip

32789

Country

3. Mailing Address

20 N Orange Ave

Suite, Apt. #, etc.

SUITE 407

City & State

Zip

Country

01132004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0264184

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENDRY, STONER, DELANCETT & BROWN, P.A.
20 N. ORANGE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

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

SUITE 407

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

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 D ☐ Delete
NAME WAGLEY, DAVID
STREET ADDRESS 1004 KESTRAL CT
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE D ☐ Delete
NAME WAGLEY, RAUL
STREET ADDRESS 1004 KESTRAL CT
CITY-ST-ZIP CELEBRATION, FL 34747

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 D, P ☒ Change ☐ Addition
NAME
STREET ADDRESS 1119 Indigo Dr.
CITY-ST-ZIP Celebration, FL 34747

TITLE D, S ☒ 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15/03/04

321 939 027