

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000108428

1. Entity Name
AL HERGET CONSULTING SERVICES, INC.



Principal Place of Business
9860 FAIRWAY COVE LANE
PLANTATION, FL 33324

Mailing Address

9860 FAIRWAY COVE LANE
PLANTATION, FL 33324

2. Principal Place of Business

1076 Sunset Strip
Suite, Apt. #, etc.

3. Mailing Address

9860 Fairway Cove Lne
Suite, Apt. #, etc.

City & State

Sunrise, FL

City & State

Plantation, FL

4. FEI Number

11-3705604

Applied For

Not Applicable

Zip

33313

Country

U.S.A.

Zip

33324

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERGET, ALBERT C
9860 FAIRWAY COVE LANE
PLANTATION, FL 33324

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)

3/6/04

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HERGET, ALBERT C 9860 FAIRWAY COVE LANE PLANTATION, FL 33324	<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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/04 954-475-2600
Day Daytime Phone #

Day

Daytime Phone #

FILED
May 05, 2004 8:00 am
Secretary of State

04-08-2004 90002 029 ***150.00