

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000132628

1. Entity Name  
SOCRATIC CONSULTING, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAY 13 AM 8:00

Principal Place of Business  
1111 S. FEDERAL HWY., STE. 116  
STUART, FL 34994

Mailing Address  
1111 S. FEDERAL HWY., STE. 116  
STUART, FL 34994

2. Principal Place of Business  
1111 S. Federal Hwy  
Suite, Apt. #, etc.  
Suite 119

3. Mailing Address  
1111 S. Federal Hwy.  
Suite, Apt. #, etc.  
Suite 119



05052004 Chg-P CR2E034 (10/03) *MIR*

City & State  
Stuart, Florida  
Zip  
34994 Country

City & State  
Stuart, Florida  
Zip  
34994 Country

4. FEI Number  
87-0713738  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARCOMONE, PETER J  
1111 S. FEDERAL HWY., STE. 116  
STUART, FL 34994

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)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

500037337015  
05/26/04--01046--002 \*\*\$1.25

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ARCOMONE, PETER J	
STREET ADDRESS	1111 S. FEDERAL HWY., STE. 116	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ARCOMONE, PETER N	
STREET ADDRESS	1111 S. FEDERAL HWY., STE. 116	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	S	<input type="checkbox"/> Delete
NAME	ARCOMONE, SYLVIA L	
STREET ADDRESS	1111 S. FEDERAL HWY., STE. 116	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arcomone, Peter J	
STREET ADDRESS	1111 S. Federal Hwy., Ste 119	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arcomone, Peter N	
STREET ADDRESS	1111 S. Federal Hwy., Ste 119	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arcomone, Sylvia L	
STREET ADDRESS	1111 S. Federal Hwy., Ste 119	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arcomone, Tina A	
STREET ADDRESS	1111 S. Federal Hwy., Ste 119	
CITY-ST-ZIP	Stuart, Florida 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

5-5-04