07/15/2005 09:16 8504381414 WADE WILS

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Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90141 039 ***950.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000082247

1. Entity Name
HEAD CONSULTING, INC.

50065312

07192005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1376 TIGER LAKE DR GULF BREEZE, FL 32563	1376 TIGER LAKE DR GULF BREEZE, FL 32563
2. Principal Place of Business: 5823 Highway 90	3. Mailing Address: 5823 Highway 90
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State: Milton, FL
Zip: 32583 Country: USA	Zip: 32583 Country: USA

4. FEI Number: 20-1133219 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEAD, H. GEOFFREY
1376 TIGER LAKE DR
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5823 Highway 90

City Milton FL Zip Code 32583

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] 7/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	PS HEAD, GEOFFREY 1376 TIGER LAKE DR GULF BREEZE, FL 32563	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS H. Geoffrey Head 5823 Highway 90 Milton, FL 32583	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] H. Geoffrey Head 7/19/05 (850) 623-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #