

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000093501

FILED
Apr 28, 2005
Secretary of State

Entity Name: PRODENT - CONSULTING , INC.

Current Principal Place of Business:

1550 VINTAGE LN
NAPLES, FL 34104 US

New Principal Place of Business:

1550 VINTAGE LANE
NAPLES, FL 34104 US

Current Mailing Address:

1550 VINTAGE LN
NAPLES, FL 34104 US

New Mailing Address:

1550 VINTAGE LANE
NAPLES, FL 34104 US

FEI Number: 20-1270425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HONIGFORT, MICHAEL H DR.
1550 VINTAGE LANE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HONIGFORT, MICHAEL H DR.
Address: 1550 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104 US

Title: P () Delete
Name: HONIGFORT, MICHAEL H DR.
Address: 1550 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104 US

Title: VP () Delete
Name: PELZER, GERHARD
Address: 1266 SOLANA ROAD
City-St-Zip: NAPLES, FL 34103 US

Title: SEC () Delete
Name: REHM-HONIGFORT, HELGA
Address: 1550 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104 US

Title: TR () Delete
Name: REHM-HONIGFORT, HELGA
Address: 1550 VINTAGE LANE
City-St-Zip: NAPLES, FL 34104 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: PELZER, GERHARD
Address: 20199 MARKWARD CROSSING
City-St-Zip: ESTERO, FL 33928 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MICHAEL H.HONIGFORT

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date