

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


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Apr 21, 2005 8:00 am
Secretary of State

03-02-2005 90227 001 ***300.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000127505					
1. Entity Name PURCHASING NETWORK CONSULTANTS, INC.					
Principal Place of Business 7900 EAST UPPER RIDGE DRIVE PARKLAND FL 33067 US			Mailing Address 7900 EAST UPPER RIDGE DRIVE PARKLAND FL 33067 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HIMMEL, BRADLEY A 7900 EAST UPPER RIDGE DRIVE PARKLAND FL 33067			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	HIMMEL, BRADLEY A	7900 EAST UPPER RIDGE DRIVE			
	PARKLAND FL 33067				
	S.T.				
	HIMMEL, BRADLEY	7900 EAST UPPER RIDGE DRIVE			
	PARKLAND FL 33067				
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: <u>Bradley Himmel</u>			Date: <u>2/24/05</u> Daytime Phone #: <u>561 732-3113</u>		