

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105066

FILED
Apr 30, 2009
Secretary of State

Entity Name: TORN VEIL CONSULTING GROUP INC.

Current Principal Place of Business:

9976 CHANCELLOR CT
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

9976 CHANCELLOR CT
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 03-0606770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KEVIN R
9976 CHANCELLOR CT
JACKSONVILLE, FL 32225 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: P/D () Delete
Name: COLEMAN, TYRONE
Address: 700 MUSKOGEE LN
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: VP/D () Delete
Name: WEAVER, MONTERIO
Address: 7757 HIGHCHAIR LN
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: S/D () Delete
Name: ANDERSON, KEVIN R
Address: 9976 CHANCELLOR CT
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete
Name: JENKINS, BRODERICK
Address: 2126 ST. JOHNS AVENUE
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete
Name: FINDLAY, VONDA
Address: 12038 MORNING STAR COURT
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: WEAVER, MONTERIO
Address: 2705 LORNA RD
City-St-Zip: JACKSONVILLE, FL 32211 US

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

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 exemption stated in Chapter 119, 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: KEVIN R. ANDERSON

COO

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date