2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000001352

1. Entity Name

BERNARD GITTELSON CONSULTANT, INC.



Principal Place of Business

6808 CORRAL CIR SARASOTA, FL 34243 Mailing Address

6808 CORRAL CIR SARASOTA, FL 34243

FILED

Feb 28, 2004 08:00 AM Secretary of State

02242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0376488 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agant

HAWKINS, MICHAEL 330 SOUTH PINEAPPLE AVENUE #0106 SARASOTA, FL 34236

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SARASOTA, FL 34236				IN 7	THIS SPACE
 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 Squature, yped or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig				required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees	9909000071159 98707 704-80060-002 150.00
TITLE NAME STREET ADDRESS	OFFICERS AND DIRECT D GITTELSON, BERNARD 6808 CORRAL CIR	TORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SARASOTA, FL 34243				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE THIS SPACE
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TITLE HAME STREET ADDRESS CITY-ST-ZIP	satifu that the information sumplied with this fill	ng dose not qualify for the every	tion prote	d in Section 119,07/2V	Florida Statutes, I further certify that the information

12. I hereby certify that the information supplied with this filting 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 suppliemental 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 attackment with an address, with all other like empowered.

SIGNATURE:

BIGNATURE AND TYPED OR FRHITED HAME OF BIGHENG OFFICER OR DIRECTOR

1/25/04

94/3817983

Daysime Phone #