

2005 FOR PROFIT CORPORATION ANNUAL REPORT


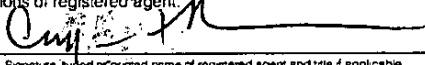
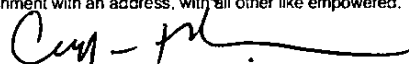
FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90579 020 ***150.00

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04142005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000025358			
1. Entity Name FOXHOLE CONSULTING, INC.		Principal Place of Business 3001 EXECUTIVE DRIVE - SUITE 200 CLEARWATER, FL 33762	
Mailing Address 3001 EXECUTIVE DRIVE - SUITE 200 CLEARWATER, FL 33762			
2. Principal Place of Business 8908 Citrus Village Dr Suite, Apt. #, etc. Apt 101 City & State Tampa, Florida Zip 33626 Country USA	3. Mailing Address 8908 Citrus Village Dr Suite, Apt. #, etc. Apt 101 City & State Tampa, Florida Zip 33626 Country USA	4. FEI Number 59-3177094 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 BAGNALL, CLIFFORD F 4350 W CYPRESS ST SUITE 275 TAMPA, FL 33607		7. Name and Address of New Registered Agent Name Bagnall, Clifford F. Street Address (P.O. Box Number is Not Acceptable) 8908 Citrus Village Drive Apt 101 City Tampa FL Zip Code 33626	
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:  DATE: 4/14/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 CITY-ST-ZIP	PD BAGNALL, CLIFFORD F 3001 EXECUTIVE DRIVE - SUITE 200 CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bagnall, Clifford F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8908 Citrus Village Dr, Apt 101 Tampa, Florida 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: 4/14/05 Daytime Phone #: 727 4150522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	