

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90229 039 ***150.00

DOCUMENT # P93000077995

1. Entity Name

KHOURY CONSULTING, INC.



Principal Place of Business
 1075 W. MORSE BLVD.
 WINTER PARK FL 32789
 US

Mailing Address
 1075 W. MORSE BLVD.
 SUITE 539
 WINTER PARK FL 32789
 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

59-3221900

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

KHOURY, ZIAD
605 STONEFIELD LOOP
HEATHROW FL 32746

7. Name and Address of New Registered Agent

Name **ZIAD KHOURY**

Street Address (P.O. Box Number is Not Acceptable)

520 MANOR RD.

City **MAITLAND**

FL

Zip Code **32751**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCD** Delete
 NAME **KHOURY, ZIAD Y**
 STREET ADDRESS **605 STONEFIELD LOOP**
 CITY-ST-ZIP **HEATHROW FL 32746**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** Change Addition
 NAME **ZIAD KHOURY**
 STREET ADDRESS **520 MANOR RD.**
 CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04