


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000082917 1. Entity Name CONSULTANT'S LTD., INC.	
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Principal Place of Business 1136 ALMONDWOOD DR. TRINITY, FL 34655	Mailing Address 1136 ALMONDWOOD DR. TRINITY, FL 34655
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04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3226602	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, JACK P 1136 ALMONDWOOD DR. TRINITY, FL 34655

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IN THIS SPACE**

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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000112714 04/14/04-80034-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMANN, JAN MARIE 4321 THORNVIEW SR. MORROW, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAVERTY, JULIE MARIE 2820 MEANDERING WAY BEDFORD, TX 76021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MORRIS, JACK P 1136 ALMONDWOOD DR. TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, BARBARA E 1136 ALMONDWOOD DR. TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Jed P. Morris* 4/8/04 727-372-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #