

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003309

FILED
Apr 27, 2004
Secretary of State

Entity Name: KATHY ANDERSON CONSULTING GROUP, INC.

Current Principal Place of Business:

427 S ROYAL POINCIMA DRIVE
TAMPA, FL 33609 US

New Principal Place of Business:

427 S ROYAL POINCIANA DRIVE
TAMPA, FL 33609 US

Current Mailing Address:

PO BOX 18266
TAMPA, FL 33679 US

New Mailing Address:

FEI Number: 59-3222170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, KATHERINE G
427 S ROYAL POINCIMA DRIVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

ANDERSON, KATHARINE G
427 S ROYAL POINCIMNAA DRIVE
TAMPA, FL 33609 US

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: KATHARINE ANDERSON

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDERSON, KATHARINE GRAY
Address: 427 S ROYAL POINCIMA DRIVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ANDERSON, KATHARINE GRAY
Address: 427 S ROYAL POINCIANA DRIVE
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHARINE ANDERSON

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date