

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000053419 1. Entity Name D.G. CONSULTING, INC.																														
Principal Place of Business 4913 SYLVAN OAKS DR VALRICO FL 33594			Mailing Address 4913 SYLVAN OAKS DR VALRICO FL 33594																											
2. Principal Place of Business		3. Mailing Address																												
Suite, Apt. #, etc.		Suite, Apt. #, etc.																												
City & State		City & State		4. FEI Number 59-3256613 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																										
Zip	Country	Zip	Country																											
6. Name and Address of Current Registered Agent GREEN, DANN 10216 RAINBRIDGE DR. RIVERVIEW FL 33569				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____																										
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 1/28/04 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																														
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"> P GREEN, DANN 4913 SYLVAN OAKS DR VALRICO FL 33594 </td> <td style="width: 10%; text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"></td><td style="text-align: center; padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, DANN 4913 SYLVAN OAKS DR VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000035175 02/06/04-80008-021 150.00 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000035175 02/06/04-80008-021 150.00	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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)(f), 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:			1/26/04 813-601-2165 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																											