2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State
01-15-2004 90004 022 ***158.75

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01122004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000056381

1. Entity Name
STALEY CONSULTING, INC.

Principal Place of Business	Mailing Address
19 E. BROADWAY STREET ~~ALTAMONTE SPRINGS, FL 32701 US~~	19 E. BROADWAY STREET ~~STE 370~~ ~~ALTAMONTE SPRINGS, FL 32701 US~~

2. Principal Place of Business	3. Mailing Address
19 E BROADWAY STREET	19 E BROADWAY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OVIEDO, FL	City & State: OVIEDO, FL
Zip: 32765 Country: U.S.	Zip: 32765 Country: U.S.

4. FEI Number: 59-3257583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STALEY, NEIL E
1547 BRAEWICK ST.
WINTER SPRINGS, FL 32708

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: Neil E Staley Neil E. Staley 1/12/04
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STALEY, NEIL E		NAME	
STREET ADDRESS	1547 BRAEWICK STREET		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STALEY, MICHELLE R		NAME	
STREET ADDRESS	1547 BRAEWICK STREET		STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Michelle R Staley MICHELLE R STALEY 01/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #