

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P95000010050**

1. Entity Name  
**L.I.G. EDUCATIONAL & CONSULTING SERVICES INC.**



Principal Place of Business  
**9600 KOGER BOULEVARD  
SUITE 225  
ST PETERSBURG, FL 33702 US**

Mailing Address  
**P O BOX 55485  
ST PETERSBURG, FL 33732-5485 US**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-2166181**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GREENWAY, IAN R  
9600 KOGER BOULEVARD  
SUITE 225  
ST PETERSBURG, FL 33702**

**DO NOT WRITE  
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. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GREENWAY, IAN R
STREET ADDRESS	9600 KOGER BOULEVARD SUITE 225
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000009790  
01/22/04-80005-004 150.00

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 20 2004 727-578-2800**

Date

Daytime Phone #