

2005 FOR PROFIT CORPORATION ANNUAL REPORT


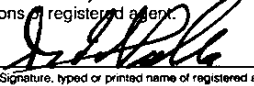
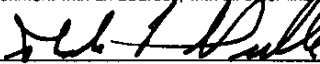
FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90004 036 ***150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000012239			
1. Entity Name CONSULT-PC, INC.			
Principal Place of Business <UNUSED> PANAMA CITY, FL 32408 US		Mailing Address 2332 PELICAN BAY COURT PANAMA CITY, FL 32408 US	
2. Principal Place of Business Suite, Apt. #, etc. 1509 INVERNESS RD City & State LYNN HAVEN FL Zip 32444 Country US		3. Mailing Address Suite, Apt. #, etc. 1509 INVERNESS RD City & State LYNN HAVEN FL Zip 32444 Country US	
4. FEI Number 59-3299387		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NULLE, THEODORE L 2332 PELICAN BAY COURT PANAMA CITY, FL 32408		7. Name and Address of New Registered Agent Name NULLE, THEODORE L Street Address (P.O. Box Number is Not Acceptable) 1509 INVERNESS RD City LYNN HAVEN FL Zip Code 32444	
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  THEODORE L. NULLE		DATE 01-16-2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NULLE, THEODORE L 2332 PELICAN BAY COURT PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NULLE, THEODORE L 1509 INVERNESS RD LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NULLE, GUDRUN T 2332 PELICAN BAY COURT PANAMA CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NULLE, GUDRUN T 1509 INVERNESS RD LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  THEODORE L. NULLE		DATE 01-16-2005 Daytime Phone # (850) 914-9100	