


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90045 031 \*\*\*150.00

<b>DOCUMENT # P95000094781</b>	
1. Entity Name <b>PERFORMANCE MANAGEMENT CONSULTING INC.</b>	

Principal Place of Business <b>1691 COUNTRY WALK DRIVE ORANGE PARK FL 32003 US</b>	Mailing Address <b>%DAVID A. KING, ESQ. 1416 KINGSLEY AVE ORANGE PARK FL 32073</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 8427</b> Suite, Apt. #, etc.
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City & State <b>Fleming Island, FL</b>	4. FEI Number <b>59-3352136</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32006</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>KING, DAVID A ATTORNEY AT LAW 1416 KINGSLEY AVE ORANGE PARK FL 32073</b>		7. Name and Address of New Registered Agent Name <b>Dianne Weatherington</b> Street Address (P.O. Box Number is Not Acceptable) <b>1691 Country Walk Drive</b> City <b>Orange Park</b> <b>FL</b> Zip Code <b>32003</b>	
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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: *Dianne Weatherington* DATE: 3/7/04  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WEATHERINGTON, DIANNE 1691 COUNTRY WALK DRIVE ORANGE PARK FL 32003</b> <input type="checkbox"/> Delete	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)(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: *Dianne Weatherington* DATE: 3/7/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR