


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State


04-18-2005 90570 006 ***150.00

DOCUMENT # P95000094781 1. Entity Name PERFORMANCE MANAGEMENT CONSULTING INC.	
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Principal Place of Business 1691 COUNTRY WALK DRIVE ORANGE PARK, FL 32003 US	Mailing Address P.O. BOX 8427 FLEMING ISLAND, FL 32006 US
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DO NOT WRITE IN THIS SPACE

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03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3352136	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEATHERINGTON, DIANNE
1691 COUNTRY WALK DRIVE
ORANGE PARK, FL 32003

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEATHERINGTON, DIANNE 1691 COUNTRY WALK DRIVE ORANGE PARK, FL 32003
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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 **DIANNE WEATHERINGTON, Dir/Pres** 3/16/05 904-264-6327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #