2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095817

FILED Jan 24, 2005 08:00 AM Secretary of State

VANCE (CONSULTING, INC.						
Principal Place 506 COULTE BRANDON, A		Mailing Address 506 COULTER RD BRANDON, FL 33511	-				,
Ε	OO NOT WRITE	IN THIS SPA	CE	01212005 4. FEI Numbe 59-335		CR2E034 (10	11211 1224431 [[1221
	6. Name and Address of Current Re	ristered Agent		<u> </u>	vane vy E proces	ree ne	admien
MCANNALLY, WILLIAM H IV 420 W BRANDON BLVD SUITE 202 BRANDON, FL 33511			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the constant of registered agent. Signature, typed or printed name of registered agent and the constant of the constant of registered agent.		red office or regists ed Agent signature require		h, in the State of Flo	rida. I am familiar	with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	noing \$5	5.00 May Be ded to Fees		DAIC	
10. OFFICERS AND DIRECTORS						AND THE TOTAL TOTAL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCE, CLARENCE E 506 COULTER RD BRANDON, FL 33511	**			U00000 01/25/05-	193976 80083-002	150.00
TITLE NAME STREET ADDRESS 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 thereceiver 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, withall other like empowered.

SIGNATURE:

SIGNATURE:

OWNER—Pros 1-22-05 813-653-1740

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

813-653-1740 Daytime Phone #

DO NOT WRITE

IN THIS SPACE