

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000030130

FILED
Jan 21, 2005
Secretary of State

Entity Name: THRESHOLD CONSULTING SERVICES, INC.

Current Principal Place of Business:

200 N GARDEN AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

200 N GARDEN AVE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-3373071 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, PATRICIA D
13 LEEWARD ISLAND
CLEARWATER, FL 33767 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PATTERSON, ROBERT K
Address: 13 LEEWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: ST () Delete
Name: PATTERSON, PATRICIA D
Address: 13 LEE WARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: VP () Delete
Name: PATTERSON, STEVEN B
Address: 834 LANTANA RD
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: PATTERSON, PATRICIA D
Address: 13 LEEWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

Title: VP (X) Change () Addition
Name: PATTERSON, STEVEN B
Address: 900 PINELLAS BAYWAY #212
City-St-Zip: ST. PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA D. PATTERSON

ST

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date