


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 028 ***150.00

DOCUMENT # P96000035765	
1. Entity Name PROFIT CONSULTANTS, INC.	

Principal Place of Business 112 4TH AVE # 35 PASS-A-GRILL, FL 33706-4203	Mailing Address P.O BOX 292093 TAMPA, FL 33687
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54056423



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SAMUEL, JOHN 122 4TH AVE # 35 PASS-A-GRILL, FL 33706		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	

4. FEI Number 59-3374981	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

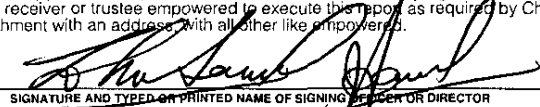
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SAMUEL, JOHN # 35 PASS-A-GRILL, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:  **6/1/04 (927) 363-6163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Alta chmed

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*# P96000035765
54056423*

Document Number
P96000035765
Business Entity Name
PROFIT CONSULTANTS, INC.

FEI Number **593374981**
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No

Principal Place of Business

Address **112 4TH AVE**
Suite, Apt. #, etc. **35 3 SOUTH 112 4TH AVE**
City, State **PASS-A-GRILL FL**
Zip Code & Country **337064203**

Mailing Address

Address **P.O BOX 292093**
Suite, Apt. #, etc.
City, State **TAMPA FL**
Zip Code & Country **33687**

Name And Address of Registered Agent

Name (Last, First, Middle; Title) **SAMUEL JOHN**
-or- RA Business Name
Address **122 4TH AVE**
Suite, Apt. #, etc. **35 35**
City, State **PASS-A-GRILL FL**
Zip Code & Country **33706 US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

John Samuel

all a check

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Document Number

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Business Entity Name

PROFIT CONSULTANTS, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address *35 35, 112 4TH AVE*
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name

Division of Corporations

Attachment

per 404 -

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

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☒ List more than six Officers/Directors ☐ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

PS

[Signature]

Continue

Reset

Start Over

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