

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90050 026 ***150.00

DOCUMENT # P96000063361																																																																																																																													
1. Entity Name CONTINENTAL CONSULTING & MARKETING, INC.																																																																																																																													
Principal Place of Business 4204 WEST OHIO AVE SUITE A TAMPA, FL 33614 US			Mailing Address PO BOX 15327 TAMPA, FL 33684 US																																																																																																																										
2. Principal Place of Business 27129 Brush Creek Way		3. Mailing Address 27129 Brush Creek Way																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State Wesley Chapel, FL		City & State Wesley Chapel, FL		4. FEI Number 59-3395088																																																																																																																									
Zip 33543		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent SUAREZ, ARMANDO JR 4204 WEST OHIO AVE STE A TAMPA, FL 33614			7. Name and Address of New Registered Agent Name: <u>Suarez, ARMANDO JR.</u> Street Address (P.O. Box Number is Not Acceptable): <u>27129 Brush Creek Way</u> City: <u>Wesley Chapel</u> <u>FL</u> Zip Code: <u>33543</u>																																																																																																																										
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: <u>[Signature]</u> DATE: <u>3-21-05</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">NAME</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">SUAREZ, ARMANDO JR.</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">PO BOX 15327 27129 Brush Creek Way TAMPA, FL 33684 Wesley Chapel, FL 33543</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td style="padding: 5px;"></td><td style="padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">NAME</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">STREET ADDRESS</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td><td style="padding: 5px;">CITY-ST-ZIP</td><td style="padding: 5px;"></td><td style="padding: 5px;"></td></tr> </table>						10. 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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: <u>[Signature]</u> Director DATE: <u>3-21-05</u> Daytime Phone #: <u>813-299-8089</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													