

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90307 007 \*\*\*150.00

**DOCUMENT # P97000022714**



1. Entity Name  
**WESTLAND CONSULTING, INC.**

Principal Place of Business  
**220 N TUTTLE AVE**  
**SUITE B**  
**SARASOTA, FL 34237 US**

Mailing Address  
**220 N TUTTLE AVE**  
**SUITE B**  
**SARASOTA, FL 34237 US**

**44039444**



2. Principal Place of Business  
**1219 East Avenue South, 104**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1219 East Avenue South, 104**  
 Suite, Apt. #, etc.

02072004 Chg-P CR2E034 (10/03)

City & State  
**Sarasota FL**

City & State  
**Sarasota FL**

Zip  
**34239**

Country  
**Sarasota**

Zip  
**34239**

Country  
**Sarasota**

4. FEI Number  
**59-3433271**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**FRIDSHAL, JOAN**  
**7140 DEL LAGO DR**  
**SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5546 Modena Place**  
 City **Sarasota** **FL** Zip Code **34238**

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 Joan Fridshal, President DATE 4/23/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIDSHAL, LINDA 7140 DEL LAGO DR SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIDSHAL, JOAN 7140 DEL LAGO DRIVE SARASOTA, FL 34238 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DANNER, ROBERT E 6227 YELLOWTOP DRIVE BRADENTON, FL 34202 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5546 Modena Place</b> <b>Sarasota, FL 34238</b>
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"/> Change <input type="checkbox"/> Addition
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: Joan Fridshal, President DATE 4/23/04 DAYTIME PHONE # (941) 330-9118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR