
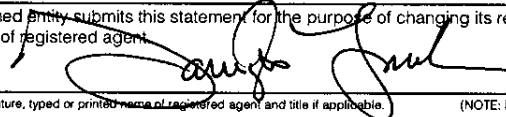
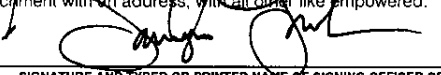


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90776 045 ***150.00

DOCUMENT # P97000026138			
1. Entity Name LAUNDERS CONSULTING SERVICES, INC.			
Principal Place of Business 1784 SABOFF WAY CHULUOTA, FL 32766 US		Mailing Address 1784 SABOFF WAY CHULUOTA, FL 32766 US	
2. Principal Place of Business 23823 SISLER AV Suite, Apt. #, etc.		3. Mailing Address 23823 SISLER AV Suite, Apt. #, etc.	
City & State CHRISTMAS, FL		City & State CHRISTMAS, FL	
Zip 32709	Country USA	Zip 32709	Country USA
4. FEI Number 59-3438170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAUNDERS, DOUGLAS 1784 SABOFF WAY OVIEDO, FL 32766		7. Name and Address of New Registered Agent Name LAUNDERS, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 23823 SISLER AV City CHRISTMAS FL Zip Code 32709	
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  DOUGLAS LAUNDERS PRES. DATE 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD LAUNDERS, DOUGLAS 1784 SABOFF WAY OVIEDO, FL 32766 <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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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: 		DOUGLAS LAUNDERS PRES. DATE 4/30/04 407.619.5855	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

