

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000046693

1. Entity Name
 WHITCOMB LEGAL NURSE CONSULTING, INC.



Principal Place of Business
 3320 HEATHGATE CT
 ORLANDO, FL 32812

Mailing Address
 3320 HEATHGATE CT
 ORLANDO, FL 32812

DO NOT WRITE IN THIS SPACE



D4012004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-3445043

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WHITCOMB, ELIZABETH A
 3320 HEATHGATE CT
 ORLANDO, FL 32812

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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 reappointing) DATE _____

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	VPD
NAME	WHITCOMB, WILTON A III
STREET ADDRESS	3320 HEATHGATE CT
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	P
NAME	WHITCOMB, ELIZABETH A
STREET ADDRESS	3320 HEATHGATE CT
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/06/04-80030-004 150.00

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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)(f), 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:  4-30-04 407-382-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #