

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040693

FILED
May 10, 2005
Secretary of State

Entity Name: WHITCOMB LEGAL NURSE CONSULTING, INC.

Current Principal Place of Business:

3320 HEATHGATE CT
ORLANDO, FL 32812

New Principal Place of Business:

11354 WILLOW GARDENS DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

3320 HEATHGATE CT
ORLANDO, FL 32812

New Mailing Address:

11354 WILLOW GARDENS DRIVE
WINDERMERE, FL 34786

FEI Number: 59-3445043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITCOMB, ELIZABETH A
3320 HEATHGATE CT
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

WHITCOMB, ELIZABETH A
11354 WILLOW GARDENS DRIVE
WINDERMERE, FL 34786 US

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.

SIGNATURE:

05/10/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: WHITCOMB, WILTON A III
Address: 3320 HEATHGATE CT
City-St-Zip: ORLANDO, FL 32812

Title: P () Delete
Name: WHITCOMB, ELIZABETH A
Address: 3320 HEATHGATE CT
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WHITCOMB, WILTON A III
Address: 11354 WILLOW GARDENS DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: P (X) Change () Addition
Name: WHITCOMB, ELIZABETH A
Address: 11354 WILLOW GARDENS DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILTON A. WHITCOMB III

VP

05/10/2005

Electronic Signature of Signing Officer or Director

Date