## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 20, 2004 08:00 AM DOCUMENT # P97000087544 **Secretary of State** APPLICATION CONSULTING GROUP, INC. Principal Place of Business Mailing Address 125 ESCAMBIA LANE 125 ESCAMBIA LANE 306 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 No Chg-P 01152004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0801629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRESNICK, DAVID M DO NOT WRITE 96 WILLARD STREET, STE, 302 COCOA, FL 32922 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIBLE NAME SHEA, JOHN F III STREET ADDRESS 125 ESCAMBIA LANE STE 306 CRY-SI-ZIP COCOA BEACH, FL 32931 V000000008027 TITLE 01/20/04-80049-003 150.00 NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP RILE IN THIS SPACE NAME STREET ADURESS CRY-ST-ZIP BBS NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 118.07(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 it 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:

CITY-ST ZIP BBLE NAME STREET ADDRESS CITY-ST-ZIP

PRESIDENT