


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90215 028 \*\*\*150.00

<b>DOCUMENT # P97000101531</b>					
<b>1. Entity Name</b> N & D CONSULTING AND MANAGEMENT COMPANY, INC.					
<b>Principal Place of Business</b> 19531 GULF BLVD. UNIT 519 INDIAN SHORES, FL 33785			<b>Mailing Address</b> 19531 GULF BLVD. UNIT 519 INDIAN SHORES, FL 33785		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02042004    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> 59-3479888				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8:75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INGALLS, ASSOC 3495 FIFTH AVEN ST PETERSBURG, FL 33713			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> HORD, RICHARD <b>STREET ADDRESS</b> 19531 GULF BLVD. UNIT 519 <b>CITY-ST-ZIP</b> INDIAN SHORES, FL 33785	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Richard Hord <b>STREET ADDRESS</b> 19531 Gulf Blvd #606 <b>CITY-ST-ZIP</b> Indian Shores, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> HORD, NAOMI <b>STREET ADDRESS</b> 19531 GULF BLVD <b>CITY-ST-ZIP</b> INDIAN SHORES, FL 33785	<input type="checkbox"/> Delete		<b>TITLE</b> ST <b>NAME</b> Naomi Hord <b>STREET ADDRESS</b> 19531 Gulf Blvd #606 <b>CITY-ST-ZIP</b> Indian Shores, FL 33785	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <i>Richard Hord</i> <i>Richmo Hord</i> <i>4/23/04</i> <i>727-3210211</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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