

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000007198

1. Entity Name
JAVELIN CONSULTING SERVICES, INC.



Principal Place of Business
5003 BRIDGEPORT DRIVE
SAFETY HARBOR, FL 34695

Mailing Address
5003 BRIDGEPORT DRIVE
SAFETY HARBOR, FL 34695

**FILED
Mar 18, 2005 08:00 AM
Secretary of State**



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3488624	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LLEWELLYN, MICHAEL JR
5003 BRIDGEPORT DR.
SAFETY HARBOR, FL 34695

**DO NOT WRITE
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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LLEWELLYN, MICHAEL L JR.
STREET ADDRESS 5003 BRIDGEPORT DRIVE
CITY-ST-ZIP SAFETY HARBOR, FL 34695

U000000268678
03/18/05-H0053-020 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *M. L. Llewellyn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

727-226-8084

Date

Daytime Phone #