

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000013179



Entity Name
L CONSULTING, INC.

Principal Place of Business
201 PENNANT DR.
WASHINGTON, MO 63090-1265

Mailing Address
201 PENNANT DR.
WASHINGTON, MO 63090-1265



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3492289

5. Certificate of Status Desired Applied For
Not Applicable

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DECORT, DONALD P
415 S. HYDE PARK AVENUE
TAMPA, FL 33606

**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 _____ (NOTE: Registered Agent signature required when relocating)

Signature, typed or printed name of registered agent and title if applicable.

**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

1100000287427
04/04/05-80068-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, GARY L
STREET ADDRESS	113 SMOKEY MOUNTAIN ROAD NORTH
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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)(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 the 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 on the report, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SMITH 4/1/05 (Date)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR