

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

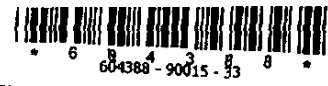
08-11-1999 90015 033 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **098060058277**  
 1. Corporation Name  
**E & D Consulting, Inc.**



Principal Place of Business Mailing Address  
**5700 Memorial Hwy** **SAME**  
**Suite 209**  
**Tampa, FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **7/16/98**

4. FEI Number **59-3522038** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **5700 Memorial Hwy** 26 **Same**

22 Suite, Apt. #, etc. **Suite 209** 27. Suite, Apt. #, etc.

23 City & State **TAMPA, FLORIDA** 28 **TAMPA, FLORIDA**

24 Zip **USA** Country **USA** 29 Zip **33615** Country **USA** 30 Zip **33615** Country **USA**

9. Name and Address of Current Registered Agent

**DAVID BAKER**  
**5700 Memorial Hwy**  
**Suite 209**  
**Tampa, FL 33615**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>DAVID MYERS</b>
STREET ADDRESS	<b>8715 TAHITI LN.</b>
CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>
TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> DELETE
NAME	<b>ELAINE MYERS</b>
STREET ADDRESS	<b>8715 TAHITI LN.</b>
CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>
TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID BAKER</b>
STREET ADDRESS	<b>6403 WETHERMOOR CT.</b>
CITY-ST-ZIP	<b>TAMPA, FL. 33634</b>
TITLE	<b>TREASURER</b> <input type="checkbox"/> DELETE
NAME	<b>ELAINE MYERS</b>
STREET ADDRESS	<b>8715 TAHITI LANE</b>
CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ELAINE MYERS</b>
1.3 STREET ADDRESS	<b>8715 TAHITI LANE</b>
1.4 CITY-ST-ZIP	<b>TAMPA, FL. 33615</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine Myers Date: 8/4/99 Daytime Phone #: 813-877-2451 ext. 322

CR2E034 (11/98)