2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000078507

1. Entity Name

VOGL CONSULTING, INC.



ST. CLOUD, FL 34771

Principal Place of Business 5302 MILL STREAM DRIVE ST. CLOUD, FL 34771

Mailing Address 5302 MILL STREAM DRIVE

FILED Jan 22, 2004 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Applied For 4. FEI Number 59-3532627 Not Applicable

5. Certificate of Status Desired

01182004

\$8.75 Additional Fee Required

321-258-3337

Daytime Phone #

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

VOGL, ALLEN W 5302 MILL STREAM DRIVE \$T. CLOUD, FL 34771

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the prions of registered agent,	urpose of changing its registered	office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financia Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY - ST - ZIP	P VOGL, ALLEN W 5302 MILL STREAM DRIVE SAINT CLOUD, FL 34771				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000009813 01/22/04-80006-002 150.00
NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE
HITLE NAME STREET ADDRESS CHY-SI-ZIP				iN '	THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP					
NAME STREET ADDRESS CITY-SI-ZIP					
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.					