

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90015 009 ***150.00

DOCUMENT # P99000004005 1. Entity Name CONSULTING ON-LINE, INC.					
Principal Place of Business 1581 MISTY PLATEAU TRAIL CLEARWATER, FL 33765-1825			Mailing Address 1581 MISTY PLATEAU TRAIL CLEARWATER, FL 33765-1825		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVINE, LEWIS J 1581 MISTY PLATEAU TRAIL CLEARWATER, FL 33765-1825				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LEVINE, LEWIS J 1581 MISTY PLATEAU TRAIL CLEARWATER, FL 337651825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, CHRISTINA K ← Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEVINE, CHRISTINE K 1581 MISTY PLATEAU TRAIL CLEARWATER, FL 337651825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Lew Levine</i> Lewis J. Levine			2/19/04 (727) 724-3226		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

Attachment

44011292

Consulting On-Line, Inc.

1581 Misty Plateau Trail

Clearwater, FL 33765

(727) 724-3226

February 19, 2004

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

RE: Document # P99000004005

To Whom It May Concern,

Enclosed please find a check in the amount of \$150.00 for the 2004 For Profit Corporation Annual Report. I have noted a change on the form, as the Vice President (also a director) has her name spelled incorrectly. It should be Christina (ending in an "a") instead of Christine.

Sincerely,



Lewis J. Levine