2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000005039

Name:

Address:

City-St-Zip:

FORD, ANNE É

737 PINELLAS BAYWAY SUITE 302

TIERRA VERDE, FL 33715

Entity Name: THE FORD CONSULTING GROUP, INC

FILED Apr 07, 2009 Secretary of State

Entity Name: THE FORD CONSULTING GROUP, INC.						
Current Principal Place of Business:				New Principal Place of Business:		
737 PINELLAS BAYWAY, SUITE 302 TIERRA VERDE, FL 33715				737 PINELLAS BAYWAY SUITE 302 TIERRA VERDE, FL 33715		
Current Mailing Address:				New Mailing Address:		
737 PINELLAS BAYWAY, SUITE 302 TIERRA VERDE, FL 33715				737 PINELLAS BAYWAY SUITE 302 TIERRA VERDE, FL 33715		
FEI Number:	59-3552004	FEI Number Applied For ()	FEI Number	Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
FORD, PETER J 737 PINELLAS BAYWAY, SUITE 302 TIERRA VERDE, FL 33715 US				FORD, PETER J 737 PINELLAS BAYWAY SUITE 302 TIERRA VERDE, FL 33715 US		
The above in the State	named entity of Florida.	submits this statement for the p	purpose of cha	anging its registered	office or registered agent, or both,	
SIGNATURE:				04/07/2009		
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financii	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FORD, DEBR	S BAYWAY SUITE 302		,) Change () Addition	
Title: Name: Address: City-St-Zip:	FORD, PETER	BAYWAY SUITE 302		,) Change ()Addition	
Title [.]	D () Delete	Title	. () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: PETER J.FORD PSTD 04/07/2009