


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000082036</b> 1. Entity Name <b>C &amp; H CONSULTANTS, INC.</b>	
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Principal Place of Business <b>9049 LAUREL RIDGE DRIVE MOUNT DORA, FL 32757</b>	Mailing Address <b>P.O. BOX 1551 MOUNT DORA, FL 32756</b>
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02272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3599848</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HAMMOND, GARY 9049 LAUREL RIDGE DR MOUNT DORA, FL 32757</b>
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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 <u><i>Gary Hammond</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>3-3-04</u> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000078154 03/08/04-80016-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CULLINS, MARCUS 185 OAKSHADE DR MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMOND, GARY 9049 LAUREL RIDGE DR MOUNT DORA, FL 32757
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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 or without other like empowered.	
SIGNATURE: <u><i>Gary V. Hammond</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3-1-04</u> <u>352-383-8822</u> <small>Date Daytime Phone #</small>