

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000102258

1. Entity Name
THE LANCASTER CONSULTING GROUP, INC.



Principal Place of Business
**2269 S. UNIVERSITY DRIVE NO. 260
DAVIE, FL 33324**

Mailing Address
**2269 S. UNIVERSITY DRIVE NO. 260
DAVIE, FL 33324**



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0963607

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES, H. NATHAN
250 JACARANDA DRIVE
#603
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title 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**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------------------|
| TITLE | D |
| NAME | CHARLES, H. NATHAN |
| STREET ADDRESS | 250 JACARANDA DR. #603 |
| CITY- ST - ZIP | PLANTATION, FL 33324 |
| TITLE | D |
| NAME | WOOD-CHARLES, VIVIAN NINA M |
| STREET ADDRESS | 250 JACARANDA DR. #603 |
| CITY- ST - ZIP | PLANTATION, FL 33324 |
| TITLE | D |
| NAME | CHARLES, JOHN E |
| STREET ADDRESS | SCHLOSSBERG 16, 9526 ZUCKENRIET, S.G. |
| CITY- ST - ZIP | SWITZERLAND, |
| TITLE | D |
| NAME | CHARLES, WINSTON R |
| STREET ADDRESS | 1005 LUMSDEN TRACE CIRCLE |
| CITY- ST - ZIP | VALRICO, FL 33594 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST - ZIP | |

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04/29/04-80034-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *H. Nathan Charles* **H. NATHAN CHARLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

(954) 327-7267

Daytime Phone #