## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000102258

CHARLES, WINSTON R

VALRICO, FL 33594

1005 LUMSDEN TRACE CIRCLE

Name:

Address:

City-St-Zip:

Entity Name: THE LANCASTER CONSULTING GROUP, INC.

FILED Feb 18, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
2269 S. UI DAVIE, FL		RIVE NO. 260	·		
Current Mailing Address:			New Mailing Address:		
2269 S. UI DAVIE, FL		RIVE NO. 260			
FEI Number	: 65-0963607	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of New Registered Agent:		
250 JACAI #603 FORT LAU		E FL 33324 US	purpose of changing its registere	d office or registered agent, or both,	
in the State	e of Florida.				
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( CHARLES, H. 250 JACARAN PLANTATION,	IDA DR. #603	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CHARLES, JC	RG 16, 9526 ZUCKENRIET, S.G.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: H. NATHAN CHARLES D 02/18/2005