

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90031 020 \*\*\*150.00

<b>DOCUMENT # S87126</b> 1. Entity Name <b>CAPITAL MARKET CONSULTANTS, INC.</b>					
Principal Place of Business <b>4305 NEPTUNE RD</b> <b>SAINT CLOUD, FL 34769 US</b>			Mailing Address <b>4305 NEPTUNE RD</b> <b>SAINT CLOUD, FL 34769 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address <b>3500 Harmony Sq Drw</b> Suite, Apt. #, etc. City & State <b>Harmoner Fl</b> Zip <b>34773</b>		
4. FEI Number <b>59-3093752</b>			Applied For <input type="checkbox"/> 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>HOLMES, JOHN V.A.</b> <b>811 N MAGNOLIA AVENUE</b> <b>ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name <b>James L LENTZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3500 Harmony Sq Drw</b> City <b>Harmoner</b> <b>FL</b> Zip Code <b>34773</b>		
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 reinstating)</small>					
<b>FILE NOW! FEE IS \$150.00</b> <b>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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LENTZ, JAMES L. 108 S. COURT ST. ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENTZ, MARTHA E. A108 S. COURT STREET ORLANDO, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, JOHN V.A. 640 KILLARNEY BAY COURT WINTER PARK, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 info empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4-13-04</b>		
Daytime Phone #			<b>407-891-1616</b>		