



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V48584 1. Entity Name FORTSON CONSULTANT SERVICES INCORPORATED	
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Principal Place of Business 4565 CASSINS ST. ORLANDO, FL 32811-4815	Mailing Address 4565 CASSIUS STREET ORLANDO, FL 32811
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3136296	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IKEJI, CHUCK 5990 BRAEMAR PLACE #104 ORLANDO, FL 32822	DO NOT WRITE IN THIS SPACE
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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.

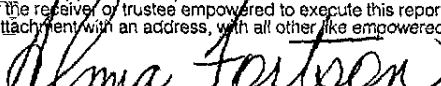
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11000000333233 04/26/05-80090-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FORTSON, ALMA R 4565 CASSIUS STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LATASHA FORTSON 4565 CASSIUS ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LINDA WOODSON 7600 PRATO AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S BERADINE MCFARLAND 4242 RALEIGH ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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:  **4/25/05 407-246-1321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #