

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # V66490**

1. Entity Name  
**FORECASTING CONSULTANTS INCORPORATED**



Principal Place of Business      Mailing Address  
**2340 SOUTH A1A      2340 SOUTH A1A**  
**VERO BEACH, FL 32963      VERO BEACH, FL 32963**



03162005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0368557**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CONWAY, MILES V.      ☐**  
**2340 SOUTH A1A**  
**VERO BEACH, FL 32963**

**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, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE      MD  
NAME      CONWAY, MILES  
STREET ADDRESS      2340 SOUTH A1A  
CITY-ST-ZIP      VERO BEACH, FL 32963

TITLE      D  
NAME      RANDALL, JACQUELYN  
STREET ADDRESS      2340 SOUTH A1A  
CITY-ST-ZIP      VERO BEACH, FL 32963

TITLE  
NAME  
STREET ADDRESS  
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**DO NOT WRITE  
IN THIS SPACE**

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03/18/05-80052-007 150.00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/05 772-231-2818