


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J98358</b> 1. Entity Name <b>FLORIDA SERVICE BUREAU, INC.</b>	
---	---

Principal Place of Business <b>C/O ORVILLE SCHWARTZ</b> <b>16811 NE 6 AVE</b> <b>N MIAMI BCH FL 33162</b> <b>US</b>	Mailing Address <b>C/O ORVILLE SCHWARTZ</b> <b>16811 NE 6 AVE</b> <b>N MIAMI BCH FL 33162</b> <b>US</b>
---	---



1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

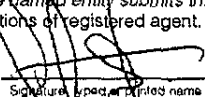
4. FEI Number <b>65-0018961</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SCHWARTZ, ORVILLE</b> <b>16811 NE 6 AVE</b> <b>N MIAMI BCH FL 33162</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City
---	---

**FL** Zip Code

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:  *O.H. Schwartz*

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	DP SCHWARTZ, ORVILLE <input type="checkbox"/> Delete
NAME	16811 NE 6 AVE
STREET ADDRESS	N MIAMI BCH FL
CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete
NAME	SCHWARTZ, ELLEN
STREET ADDRESS	16811 NE 6 AVE
CITY - ST - ZIP	N MIAMI BCH FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000001276263
STREET ADDRESS	03/25/05-80034-012 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  *O.H. Schwartz* 3/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #