2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000101793

1. Entity Name
COMPREHENSIVE BUSINESS SERVICES, INC.

Principal Place of Business	Mailing Address
1481 MARSH VIEW CT ATLANTIC BEACH, FL 32233	1481 MARSH VIEW CT ATLANTIC BEACH, FL 32233

DO NOT WRITE IN THIS SPACE

03122005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
01-0746765	Not Applicable

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

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6. Name and Address of Current Registered Agent

JOHNSON, SHARON
1481 MARSH VIEW CT
ATLANTIC BEACH, FL 32233

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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

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10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JOHNSON, SHARON
STREET ADDRESS	1481 MARSHVIEW CT.
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233

U00000262904
03/14/05-80071-020 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/14/05   94-910-9345

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