2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90037 018 ***150.00

54027483

DOCUMENT # P02000104743

1. Entity Name
BUSINESS CONSULTING & MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
25541 STATE RD 46, SUITE 2 MOUNT DORA, FL 32776	25541 STATE RD 46, SUITE 2 MOUNT DORA, FL 32776

04042004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
25541 State RD 46		25541 State RD 46	
Suite, Apt. #, etc.: Suite 2		Suite, Apt. #, etc.: Suite 2	
City & State: Mount Plymouth, FL.		City & State: Mount Plymouth, FL.	
Zip: 32776	Country: U.S.A.	Zip: 32776	Country: U.S.A.

4. FEI Number: 32-0034891 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIRON, LOUIS R
25541 STATE RD 46, SUITE 2
MOUNT DORA, FL 32776

7. Name and Address of New Registered Agent

Name: Biron, Louis R.
Street Address (P.O. Box Number is Not Acceptable): 25541 State RD 46, Suite 2
City: Mount Plymouth FL Zip Code: 32776

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] Louis R. Biron, Pres 4/4/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPVS	☐ Delete	TITLE	DPVS	☑ Change ☐ Addition
NAME	BIRON, LOUIS R		NAME	Biron, Louis R	
STREET ADDRESS	11850 US HIGHWAY 441		STREET ADDRESS	25541 State Rd. 46, Suite 2	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Mount Plymouth, FL 32776	
TITLE	T	☐ Delete	TITLE	T	☑ Change ☐ Addition
NAME	BIRON, LOUIS R		NAME	Biron, Louis R.	
STREET ADDRESS	11850 US HIGHWAY 441		STREET ADDRESS	25541 State Rd. 46, Suite 2	
CITY-ST-ZIP	MOUNT DORA, FL 32757		CITY-ST-ZIP	Mount Plymouth, FL 32776	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] Louis R. Biron, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/4/04 Daytime Phone #: 352 7353165