

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90039 047 ***150.00

DOCUMENT # P04000032787

1. Entity Name

"FREEDOM TO FOCUS" BUSINESS SERVICES, IINC.



Principal Place of Business

6518 KING PALM WAY
APOLLO BEACH FL 33572

Mailing Address

6518 KING PALM WAY
APOLLO BEACH FL 33572



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3409 Forest Bridge Cir

3. Mailing Address

3409 Forest Bridge Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon FL

4. FEI Number

43-2042617

Applied For

Not Applicable

Zip

33511

Country

Hillsborough

Zip

33511

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYWOOD, MARK A
6518 KING PALM WAY
APOLLO BEACH FL 33572

7. Name and Address of New Registered Agent

Name

Tina L - Haywood
3409 Forest Bridge Circle

City

Brandon

FL

Zip Code

33511

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

Tina L. Haywood

2-1-05

Signature, typed or printed name of registered agent and fee 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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYWOOD, MARK A	
STREET ADDRESS	6518 KING PALM WAY	
CITY-ST-ZIP	APOLLO BEACH FL 33572	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAYWOOD, TINA L	
STREET ADDRESS	6518 KING PALM WAY	
CITY-ST-ZIP	APOLLO FL 33572	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 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:

Tina L. Haywood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-05 (83) 571-5585

Date

Daytime Phone #