

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90007 044 ***558.75

DOCUMENT # 508466

1. Entity Name
SMALL BUSINESS SERVICE BUREAU, INC.



Principal Place of Business
**554 MAIN ST.
PO BOX 15014
WORCESTER, MA 01615-0014 US**

Mailing Address
**554 MAIN ST.
PO BOX 15014
WORCESTER, MA 01615-0014 US**

54056157



05272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1700140	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CARROLL, FRANCIS R PO BOX 15014 MAIN ST. WORCESTER, MA 016150014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GREENLAW, PATRICIA A. P O BOX 15014 MAIN ST WORCESTER, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARROLL, BRIAN K PO BOX 15014 554 MAIN ST WORCESTER, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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:

Patricia A. Greenlaw
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A.
GREENLAW

5/28/04

Date

508-756-3513

Daytime Phone #