


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90021 007 ***150.00

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|---|--|---------------------|---|--|--|
| DOCUMENT # J81271 1. Entity Name SMALL BUSINESS GROUP, INC. | | | |  | |
| Principal Place of Business 1804 UNIVERSITY BLVD., W. JACKSONVILLE, FL 32217 | | | Mailing Address 1804 UNIVERSITY BLVD., W. JACKSONVILLE, FL 32217 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| WOLF, WAYNE A. 3733 UNIVERSITY BLVD. WEST SUITE 203 JACKSONVILLE, FL 32217 | | | | Name JOHN V.R. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 7818 LAS CANAS CT. City JACKSONVILLE FL Zip Code 32256 | |
| 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 <i>John V.R. Williams</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP* WILLIAMS, JOHN V.R. 1804 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST WILLIAMS, JUDITH P. 1804 UNIVERSITY BLVD W JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>John P. Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 2/14/05 904-731-2221 Date Daytime Phone # | | |