

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90489 009 ***150.00

DOCUMENT # K11094

1. Entity Name
BUSINESS SERVICE EXCHANGE, INC.



Principal Place of Business
**5023 WHITEWOOD COVE NORTH
LAKE WORTH, FL 33467 US**

Mailing Address
**5023 WHITEWOOD COVE NORTH
LAKE WORTH, FL 33467 US**

34000014



2. Principal Place of Business

2. Mailing Address

Business Service Exchange

Business Service Exchange Inc

Attention: Clifford A. Kearns

Attention: Clifford A. Kearns

04222004

Chg-P

CR2E034 (10/03)

Post Office Box 2726

Post Office Box 2726

Stuart, Florida

Stuart, Florida

U.S.A. 34995-2726

U.S.A. 34995-2726

4. FEI Number

65-0026787

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEARNS, CLIFFORD A.
5023 WHITEWOOD COVE N
LAKE WORTH, FL 33467**

Name **KEARNS, CLIFFORD A.**
Street Address (P.O. Box Number is Not Acceptable)
**2275 South FEDERAL Highway
SUITE 350**
City **DELRAY BEACH** FL Zip Code **33483**

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: **KEARNS, CLIFFORD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/04

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
NAME **PDST**
STREET ADDRESS **KEARNS, CLIFFORD A.**
CITY-ST-ZIP **5023 WHITEWOOD COVE N.
LAKE WORTH, FL 33467** ☐ Delete

TITLE
NAME **Business Service Exchange Inc** ☒ Change ☐ Addition
STREET **Attention: Clifford A. Kearns**
CITY-ST-ZIP **Post Office Box 2726**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET
CITY-ST-ZIP **Stuart, Florida** ☐ Change ☐ Addition
U.S.A. 34995-2726

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **CLIFFORD KEARNS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

561-758-1900

Daytime Phone #