


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90339 002 ***150.00

DOCUMENT # L54822	
1. Entity Name CENTRAL BUSINESS SERVICES CORPORATION	

Principal Place of Business C/O JOHN CHURCHILL 810 SYMPONY ISLES BLVD APOLLO BEACH, FL 33572 US	Mailing Address C/O JOHN CHURCHILL 810 SYMPONY ISLES BLVD APOLLO BEACH, FL 33572 US
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14000966

2. Principal Place of Business 10615 NAVIGATION DR Suite, Apt. #, etc.	3. Mailing Address P O Box 3267 Suite, Apt. #, etc.
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City & State RIVERVIEW FL	City & State RIVERVIEW FL
Zip 33569 Country USA	Zip 33568 Country USA




04052004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2996035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHURCHILL, JOHN A. 870 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10615 NAVIGATION DR. City RIVERVIEW FL Zip Code 33569	
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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  DATE **4/5/04**

Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete CHURCHILL, JOHN A., JR. 870 SYMPHONY ISLES BLVD. APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CHURCHILL, DONNA B 870 SYMPHONY ISLES BLVD APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10615 NAVIGATION DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10615 NAVIGATION DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **JOHN CHURCHILL** DATE **4/5/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone **813-748-5864**