


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M79570		
1. Entity Name AIRPORT BUSINESS CENTER, INC.		
Principal Place of Business 651 PINE FOREST DRIVE BRANDON, FL 33511	Mailing Address 651 PINE FOREST DRIVE BRANDON, FL 33511	



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2921985	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

**FULLER, SUSAN
651 PINE FOREST DRIVE
BRANDON, FL 33511**

**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 renaming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	FULLER, SUSAN
STREET ADDRESS	651 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	TD
NAME	FULLER, SUSAN
STREET ADDRESS	651 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	D
NAME	HAYWARD, ROSA
STREET ADDRESS	651 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	T
NAME	HAYWARD, JAMES B
STREET ADDRESS	651 PINE FOREST DRIVE
CITY-ST-ZIP	BRANDON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/15/05-80014-020 150.00

**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:

Rosa Hayward **ROSA HAYWARD** **MARCH 10, 2005** **813-6884850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date Daytime Phone #