

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000007770

1. Entity Name
BUSINESS OPPORTUNITIES GROUP, INC.



Principal Place of Business
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

Mailing Address
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750



01212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0543204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VARMA, BOBBY A
610 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

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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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000042820
02/10/04-80040-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCNEILL, STEVE
STREET ADDRESS	1817 BIMINI DRIVE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	MACGEORGE, STEVE
STREET ADDRESS	102 FLORIDA HAICN DR
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	HARTLIEB, JOAN
STREET ADDRESS	4306 OLD DOMINION RD
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	DOWNEY, PAUL
STREET ADDRESS	871 SUNSHINE LANE SUITE 117
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04

Date

Daytime Phone #