

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 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



01062005 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

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**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	

000000219143  
02/08/05-80015-021 61.25

**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 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

Date

Daytime Phone #

1/20/05