

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000003105

1. Entity Name
BUSINESS RESOURCES OF AMERICA, INC.



Principal Place of Business
1620 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043

Mailing Address
1620 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3617908

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEAGUE, ROBERT
1620 COLONIAL DR.
GREEN COVE SPRINGS, FL 32043

**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

**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 P
NAME LEAGUE, ROBERT M
STREET ADDRESS 1620 COLONIAL DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE ST
NAME LEAGUE, ROSLYN
STREET ADDRESS 1620 COLONIAL DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D
NAME MILLER, HEATHER L
STREET ADDRESS 1620 COLONIAL DR.
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE D
NAME LEAGUE, ROBERT JR
STREET ADDRESS 1620 COLONIAL DRIVE
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000300136
04/12/05-80009-002 150.00

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roslynn League Roslynn League 4/11/05 904-534-5866