## 

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 25, 2005 08:00 AM Secretary of State

DOCUMENT # P0000004745  1. Entity Name CANNON BUSINESS SERVICES, INC.				Secretary of State			
	MI TRAIL SO.	failing Address 5089 TAMIAMI TRAIL SO. NAPLES, FL 34113				it watti Rajei Minci Jaffi	-
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DO NOT WRITE IN THIS SPAC				04042005 4. FEI Numbe 59-361		CR2E034 (1	Applied For Not Applicable
i					of Status Desired		5 Additional equired
	6. Name and Address of Current Regis	stered Agent					The second secon
CANNON, THOMAS G 5089 TAMIAMI TRAIL SO. NAPLES, FL 34113			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, typad or printed name of registered agent and the it applicable (NOTE Registered Agent signature required when reinstating) DATE							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	noing \$5.	00 May Be ed to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, THOMAS G 5089 TAMIAMI TRAIL SO. NAPLES, FL 34113	CTORS					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			And the second s				
12. I hereby of indicated of the correction	pertify that the information supplied with this fire on this report or supplemental report is true apporation or the receiver or trustee empowers.	ling does not qualify for the exer and accurate and that my signat to execute this report as requir	nption stated in Secure shall have the secure 607,	ction 119.07(3)(i ame legal effect Florida Statutes	), Florida Statutes. I as if made under o a; and that my name	further certify that ath; that I am an c appears in Block	the information fficer or director 10 or Block 11 if

4-21-05

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