## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000004745 -

1. Entity Name

CANNON BUSINESS SERVICES, INC.



FILED Apr 11, 2008 08:00 All Secretary of State

239-774.3712

Principal Place of Business

Mailing Address

5089 TAMIAMI TRAIL SO. NAPLES, FL 34113 5089 TAMIAMI TRAIL SO. NAPLES, FL 34113



DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

| 4. FEI Number                    |        | Applied For    |
|----------------------------------|--------|----------------|
| 59-3617170                       |        | Not Applicable |
| 5. Certificate of Status Desired | \$8.75 | Additional     |

6. Name and Address of Current Registered Agent

CANNON, THOMAS G 5089 TAMIAMI TRAIL SO. NAPLES, FL 34113

SIGNATURE:

DO NOT WRITE IN THIS SPACE

|  | enamed entity submits this statement for the pations of registered agent. | urpose of changing its register                        | ed office or registered agent, or bo          | th, in the State of Florida. I am familiar with, and accept |
|--|---|--|---|---|
| SIGNATURE.                                     |   |  |   |   |
|  | Signature, typed or printed name of registered agent and little o         | applicable (NOTE Registere                             | ad Agent signature required when reinstating) | DATE  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00               | 9. Election Campaign Final<br>Trust Fund Contribution. |   |   |
| 10.  | OFFICERS AND DIREC  | TORS   | 1 to       | · · · · · · · · · · · · · · · · · · ·                       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          | D<br>CANNON, THOMAS G<br>5089 TAMIAMI TRAIL SO.<br>NAPLES, FL 34113       |  |   | 04/23/08-80020-022 150.00                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   | NOT WRITE   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |  | IN  | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |   |  |   |   |
| TITLE NAME STREET ADDRESS                      |   |  |   |   |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

THomas

NTED NAME OF SIGNING OFFICER OR DIRECTOR