

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000052539

1. Entity Name
BUSY BIBLES INC.



Principal Place of Business
**4666 TIFFANY WOODS CIRCLE
OVIEDO, FL 32765**

Mailing Address
**4666 TIFFANY WOODS CIRCLE
OVIEDO, FL 32765**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3675503

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STARKS, BOB
4666 TIFFANY WOODS CIRCLE
OVIEDO, FL 32765.**

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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

**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 PD
NAME STARKS, BOB
STREET ADDRESS 4666 TIFFANY WOODS CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VSTD
NAME STARKS, JUDY
STREET ADDRESS 4666 TIFFANY WOODS CIRCLE
CITY-ST-ZIP OVIEDO, FL 32765

TITLE D
NAME WILLIS, MIRIAM
STREET ADDRESS 251 RAIN TREE DRIVE
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE D
NAME KING, JEANNE
STREET ADDRESS 2703 POINTE CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000357687
05/04/05-80085-005 158.75

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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)(f), 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:

Judith E. Starks **Judith E. Starks** 4/27/05 407-671-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #