

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90029 030 ***158.75

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1. Entity Name

ARCHIBALD BUSINESS SYSTEMS, INC.



Principal Place of Business

5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

Mailing Address

5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

30007014

2. Principal Place of Business

5229 CEDAR HAMMOCK DR

Suite, Apt. #, etc.

3. Mailing Address

4532 ASCOT CIRC N

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

SARASOTA FL

Zip
34232

Country

USA

City & State

SARASOTA FL

Zip

34235

Country

USA

4. FEI Number

65-1090923

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCHIBALD, CHARLES G
5229 CEDAR HAMMOCK DR.
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Paula K Archibald

PAULA K ARCHIBALD

01-22-05

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ARCHIBALD, CHARLES G
STREET ADDRESS 5229 CEDAR HAMMOCK DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE D ☐ Delete
NAME ARCHIBALD, PAULA K
STREET ADDRESS 5229 CEDAR HAMMOCK DR.
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ARCHIBALD CHARLES G ☒ Change ☐ Addition
NAME
STREET ADDRESS 4532 ASCOT CIRCLE N.
CITY-ST-ZIP SARASOTA FL 34235

TITLE ARCHIBALD PAULA K ☒ Change ☐ Addition
NAME
STREET ADDRESS 4532 ASCOT CIRCLE N
CITY-ST-ZIP SARASOTA FL 34235

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paula K Archibald

PAULA K ARCHIBALD

941-342-1214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #