

Jan 12, 2006 0  
Secretary o

DOCUMENT # P01000035715

1. Entity Name

ARCHIBALD BUSINESS SYSTEMS, INC.



Principal Place of Business

5229 CEDAR HAMMOCK DR.  
SARASOTA, FL 34232

Mailing Address

4532 ASCOT CIRCLE NORTH  
SARASOTA, FL 34232

01092006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

85-1090923

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 34232DO 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

PAULA K ARCHIBALD

01-09-06

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, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	ARCHIBALD, CHARLES G	4532 ASCOT CIRCLE NORTH	SARASOTA, FL 34235

D	ARCHIBALD, PAULA K	4532 ASCOT CIRCLE NORTH	SARASOTA, FL 34235
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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01/18/06-80001-021 158.75DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

PAULA K ARCHIBALD

01/09/06

941-342-1314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #