

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90049 023 ***158.75

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



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

4532 ASCOT CIRCLE N

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

SARASOTA FL

4. FEI Number 65-1090923

Applied For
Not Applicable

Zip

Country

Zip

34235

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Charles G. Archibald

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/27/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D ☐ Delete
NAME ARCHIBALD, PAULA K
STREET ADDRESS 4532 ASCOT CIRCLE NORTH
CITY- ST- ZIP SARASOTA FL 34235

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained in Section 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: *Charles G. Archibald* CHARLES G. Archibald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07

Date

941.342.1214

Daytime Phone #