

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90031 024 ***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

Address change

same

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

2195 Porter LAKE DR

3. Mailing Address

Suite, Apt. #, etc.

SARASOTA

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34240

Country

USA

Zip

Country

1st MOORE

CR2E034 (10/07)

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

Address change

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

01-27-08

Signature, typed or printed name of registered agent (not applicable)

NOTE: Registered Agent signature required when not applicable

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	ARCHIBALD, CHARLES G	
STREET ADDRESS	4532 ASCOT CIRCLE NORTH	
CITY-STATE-ZIP	SARASOTA FL 34235	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARCHIBALD, PAULA K	
STREET ADDRESS	4532 ASCOT CIRCLE NORTH	
CITY-STATE-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Paula K Archibald

PAULA K ARCHIBALD

941-360-8915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #