

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000107201

1. Entity Name
PRESTIGE BUSINESS SOLUTIONS, INC.



Principal Place of Business
**19518 LAKE OSCEOLA LANE
ODESSA, FL 33556**

Mailing Address
**19518 LAKE OSCEOLA LANE
ODESSA, FL 33556**

FILED
Sep 13, 2006 08:00 AM
Secretary of State



07162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3758780

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, LARRY G
19518 LAKE OSCEOLA LANE
ODESSA, FL 33556**

**DO 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**000000576750
09/13/06-800003-021 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
ADAMS, LARRY PRES
19518 LAKE OSCEOLA LANE
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**CFO
ADAMS, TINA CFO
19518 LAKE OSCEOLA LANE
ODESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO 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:

Tina Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/06 813-920-7668
Date Daytime Phone #