


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90002 036 \*\*\*550.00

<b>DOCUMENT # P02000003969</b> 1. Entity Name <b>SPECTRUM BUSINESS SERVICES, INC.</b>					
Principal Place of Business <b>8812 VENTURE COVE TAMPA, FL 33637</b>				Mailing Address <b>8812 VENTURE COVE TAMPA, FL 33637</b>	
2. Principal Place of Business <b>8808 Venture Cove</b>		3. Mailing Address <b>8808 Venture Cove</b>			
Suite, Apt. #, etc. <b>103</b>		Suite, Apt. #, etc. <b>103</b>			
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>			
Zip <b>33637</b>		Country <b>HILLSBOROUGH</b>		06302004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>90-0007375</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MARLOWE &amp; MCNABB, P.A. 324 S. HYDE PARK AVE., SUITE 210 TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICKMAN, LANE D</b> <b>8812 VENTURE COVE</b> <b>TAMPA, FL 33637</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RICKMAN, LEONARD L</b> <b>8812 VENTURE COVE</b> <b>TAMPA, FL 33637</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>Lane Rickman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>8/18/04</b> Daytime Phone # <b>813-622-7777</b>		