

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 001 ***550.00

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DOCUMENT # P02000051861 1. Entity Name INFO-TECH BUSINESS SYSTEMS, INC.					
Principal Place of Business 126-A PERRY AVE SE FORT WALTON BEACH, FL 32548			Mailing Address 126-A PERRY AVE SE FORT WALTON BEACH, FL 32548		
2. Principal Place of Business 151 Mary Esther Blvd Ste 408 <small>Suite, Apt. #, etc.</small>		3. Mailing Address PO Box 2725 <small>Suite, Apt. #, etc.</small>		07032004 Chg-P CR2E034 (10/03)	
City & State Mary Esther FL		City & State Fort Walton Beach FL		4. FEI Number 03-0442401	
Zip 32569		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAL, BARRETT S 126-A PERRY AVE SE FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 151 Mary Esther Blvd Ste 408 City Mary Esther FL Zip Code 32569	
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 Barrett S. Teal <i>[Signature]</i> DATE 7-4-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TEAL, BARRETT S 4741 GORONADO CIRCLE CRESTVIEW, FL 32539	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	151 Mary Esther Blvd Ste 408 Mary Esther FL 32569
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 7-4-04 <small>Daytime Phone #</small>	