2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115647

Entity Name: FLORIDA BUSINESS FINANCE CORP.

Current Principal Place of Business:	**New Principal Place of Business:**
6817 SOUTPOINT PARKWAY SUITE 804 JACKSONVILLE, FL 32216	

Current Mailing Address:	**New Mailing Address:**
6817 SOUTPOINT PARKWAY SUITE 804 JACKSONVILLE, FL 32216	

FEI Number: 76-0718161   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GRUSZECKI, MARK F 10201 CENTURION PARKWAY SUITE 600 JACKSONVILLE, FL 32256 US	GRUSZECKI, MARK F 12311 CORMORANT DRIVE JACKSONVILLE, FL 32223 US

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.

SIGNATURE: MARK F. GRUSZECKI   03/03/2005

_____ Electronic Signature of Registered Agent _____   _____ Date _____

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DPST ( ) Delete
Name:	GRUSZECKI, MARK F
Address:	2926 LAKESHORE BLVD
City-St-Zip:	JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DPST (X) Change ( ) Addition
Name:	GRUSZECKI, MARK F
Address:	12311 CORMORANT DRIVE
City-St-Zip:	JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK F GRUSZECKI   PRES   03/03/2005

_____ Electronic Signature of Signing Officer or Director _____   _____ Date _____