


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000130674 1. Entity Name BUSINESS SYSTEMS & CONSULTANTS OF NORTHWEST FLORIDA INC	
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Principal Place of Business 113 LITTLE VALLEY COURT BIRMINGHAM, AL 35244 US	Mailing Address 113 LITTLE VALLEY COURT BIRMINGHAM, AL 35244 US
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0709118	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROMANO, MICHAEL B 850 WEST GARDEN ST SUITE B PENSACOLA, FL 32501
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**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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROMANO, JOSEPH H 3237 VERDOE DR. BIRMINGHAM, AL 35226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANO, DERRICK 1269 LAKE TRACE COVE HOOVER, AL 35244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEURAUER, GUENTER 275 CAMBO DR. BIRMINGHAM, AL 35226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WHITT, L. JAY 3853 KINCROSS DR. BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMANO, MICHAEL 5614 INNERARITY CIR. PENSACOLA, FL 32507
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 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: Michael Romano **MICHAEL ROMANO** 2-17-05 850-433-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #