FILED
May 24, 2004 8:00 am
Secretary of State

04-19-2004 90298 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000013213

1. Entity Name
BUSINESSBROKER.COM, INC.

Principal Place of Business	Mailing Address
2501 SW 53RD TERRACE CAPE CORAL, FL 33914	1500 COLONIAL BLVD. SUITE 102 FORT MYERS, FL 33907

66423911

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	C/O SZYMANSKI
Suite, Apt. #, etc.	Suite, Apt. #, etc. 13391 GATEWAY DR. #117
City & State	City & State FORT MYERS, FL
Zip / Country	Zip 33919 / Country

4. FEI Number 05-0558642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SZYMANSKI, FRANCES K
1500 COLONIAL BLVD.
SUITE 102
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name FRANCES K. SZYMANSKI
Street Address (P.O. Box Number is Not Acceptable) 13391 GATEWAY DR. #117
City FORT MYERS FL Zip Code 33919

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: Frances K. Szymanski DATE: 2/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	☐ Delete	TITLE DPST NAME DAVID E. WILLIAMS STREET ADDRESS 2501 SW 53RD TERR. CITY-ST-ZIP CAPE CORAL, FL 33914	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: David E. Williams Pres 4-14-04 239-549-3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #