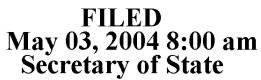
2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P03000032942



1. Entity Name					•		
BUSINESS AND PROFESSIONAL SOLUTIONS, INC.					05-03-2004 9042	6 006 ***150.0)()
Principal Plac	e of Business	Mailing Address	•				
181 SABAL LAKE DR		181 SABAL LAKE DR					
NAPLES FL 34104 NAPLES FL 34104						PIPS IIIS 11818 1817 41818 118	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 57-1156243		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add Fee Required	
	6. Name and Address of Currer	it Registered Agent			7. Name and Address of New Regist	lered Agent	
Name Mich					YASI R. PINTER PA		
BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE FL 32301-0000				ddress (P	P.O. Box Number is Not Acceptable)	1,74.	
	EATINGULT E GEGOT GOO		City			Zip Code	
	* * ; *		'			TL	
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 100 1/1 5							
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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financin Trust Fund Contribution.		0 May Be I to Fees
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11
TITLE	D ·	☐ Delete	TITLE			☐ Change	Addition
NAME	THORNE, JOHN R		NAME			_ ,	-
STREET ADDRESS	181 SABAL LAKE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104	•	CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME CEREST ACCRES			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•		
-						·	
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			-STREET ADDRESS	- ~			
CITY-ST-ZIP			CITY-ST-ZIP				į
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME		,—	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
	<u> </u>		CITY-ST-ZIP	<u> </u>			
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS	Į			i
CITY-ST-ZIP			CITY-ST-ZIP				
	Certify that the information supplied we	ith this filing does not qualify fo		tad in Sac	otion 110 07/2)/i) Florido Statutos 15-4	oor portific that the = 1-	formation
indicated	on this report or supplemental report	is true and accurate and that i	mu signatura shall h	iou iii obl	ction 119.07(3)(i), Florida Statutes, I furth	that Lam an officer	or director

of the corporation for the receiver of trustee empowered to execute this proporation for the receiver of the trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustee empowered to execute this proporation for the receiver of trustees 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: