## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000066347

Entity Name: OPEN-A-BUSINESS.COM, INC

## FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal P	Place of Business:
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2411 W STROUD AVE 2901 N DALE MABRY HWY

APT #1 #1508

TAMPA, FL 33629 TAMPA, FL 33607 U

Current Mailing Address: New Mailing Address:

5408 ST. JAMES DRIVE 5408 ST. JAMES DRIVE

NEW PORT RICHEY, FL 34652 US

FEI Number: 20-0605010 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DREW, KELLY DREW, KELLY

5408 ST. JAMES DR 5408 ST JAMES DRIVE

NEW PORT RICHEY, FL 34652 US NEW PORT RICHEY, FL 34652 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: KELLY L DREW 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Name:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: CRINIGAN, PAUL Name: CRINIGAN, PAUL

Address: 220 E MADISON STRRET SUITE 740 Address: 2901 N DALE MABRY HWY #1508

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33607 US

Title: ( ) Delete Title: S ( ) Change (X) Addition

Name: Name: CRINIGAN, PAUL

Address: Address: 2901 N DALE MABRY HWY #1508

City-St-Zip: City-St-Zip: TAMPA, FL 33607 US

Title: ( ) Delete Title: T ( ) Change (X) Addition

Name: CRINIGAN, PAUL

Address: Address: 2901 N DALE MABRY HWY #1508

City-St-Zip: City-St-Zip: TAMPA, FL 33607 US

Title: ( ) Delete Title: D ( ) Change (X) Addition

Name: CRINIGAN, PAUL

Address: Address: 2901 N DALE MABRY HWY #1508

City-St-Zip: City-St-Zip: TAMPA, FL 33607 US

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: PAUL CRINIGAN P 04/30/2005