

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096578

FILED
Jan 30, 2007
Secretary of State

Entity Name: BACK OFFICE CONSULTANTS, INC.

Current Principal Place of Business:

325 WHITFIELD AVENUE
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 93037
LAKELAND, FL 33804

New Mailing Address:

P.O. BOX 1733
LAKELAND, FL 33802

FEI Number: 04-3772636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTROPIETRO, DONALD R
325 WHITFIELD AVENUE
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPSD () Delete
Name: BRAY, TERESA J
Address: P.O. BOX 93037
City-St-Zip: LAKELAND, FL 33804

Title: PTD () Delete
Name: MASTROPIETRO, DONALD R
Address: 325 WHITFIELD AVENUE
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: BRAY, TERESA J
Address: P.O. BOX 1733
City-St-Zip: LAKELAND, FL 33802

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DONALD R. MASTROPIETRO

P

01/30/2007

Electronic Signature of Signing Officer or Director

Date