


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90182 041 \*\*\*158.75

<b>DOCUMENT # P03000145238</b>	
1. Entity Name <b>BIZ QUICK SERVICES INC.</b>	

Principal Place of Business <b>6152 ASHFIELD PLACE WESLEY CHAPEL, FL 33544 US</b>	Mailing Address <b>P O BOX 7528 WESLEY CHAPEL, FL 33544 US</b>
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**50036060**



2. Principal Place of Business <b>13654 N. 12th St.</b>	3. Mailing Address <b>Suite 7</b>
Suite, Apt. #, etc. <b>Suite 7</b>	Suite, Apt. #, etc.
City & State <b>Tampa FL</b>	City & State
Zip <b>33613</b>	Country <b>USA</b>

04082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0267405</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ANDREWS, BENNY J SR 6152 ASHFIELD PL WESLEY CHAPEL, FL 33544</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Benny J Andrews Sr, President* DATE 4/8/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ANDREWS, BENNY J SR 6152 ASHFIELD PL WESLEY CHAPEL, FL 33544</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Benny J Andrews Sr* **BENNY J. ANDREWS, SR.** 4/8/05 813-903-9088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #