

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000150296

1. Entity Name
360 BUSINESS SOLUTIONS, INC.



FILED
04 OCT -4 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9104 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256

Mailing Address
9104 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256

2. Principal Place of Business

434 Roosevelt Terrace Road

3. Mailing Address

434 Roosevelt Terrace Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09282004

Chg-P

CR2E034 (10/03)

City & State

St. Augustine, Florida

City & State

St. Augustine, Florida

4. FEI Number

45-0529676

Applied For

Not Applicable

Zip
32084

Country
USA

Zip
32084

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, JENNIFER
9104 CYPRESS GREEN DRIVE
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name
Jennifer King

Street Address (P.O. Box Number is Not Acceptable)

434 Roosevelt Terrace Road

City
St. Augustine

FL

Zip Code
32084

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

Jennifer King

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
P
KING, JENNIFER
STREET ADDRESS
9104 CYPRESS GREEN DRIVE
CITY-ST-ZIP
JACKSONVILLE, FL 32256

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P
Jennifer King
STREET ADDRESS
434 Roosevelt Terrace Road
CITY-ST-ZIP
St. Augustine, Florida 32084

☒ 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

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

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:

Jennifer King

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/30/04

Daytime Phone #

904-276-4760