


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90006 040 ***150.00

DOCUMENT # P04000012310					
1. Entity Name AMERIBIZ CONSULTING, INC.					
Principal Place of Business 35246 US HWY 19 N, STE 214 PALM HARBOR FL 34684			Mailing Address 35246 US HWY 19 N, STE 214 PALM HARBOR FL 34684		
2. Principal Place of Business 35246 US 19 N			3. Mailing Address Same		
Suite, Apt. #, etc. STE 214			Suite, Apt. #, etc.		
City & State Palm Harbor, FL			City & State		
Zip 34684		Country Pindlis		4. FEI Number 59-3775998	
6. Name and Address of Current Registered Agent LEVINE, BARBARA 39650 US 19 N # 533 TARPON SPRINGS FL 34689				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANASTASAKIS, LUKE 2614 COVE CAY DR, # 106 CLEARWATER FL 34621 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, BARBARA 39650 US HWY 19 N, STE 533 TARPON SPRINGS FL-34689 <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: BARBARA LEVINE, VP
Barbara Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05

Date

727-447-1717

Daytime Phone #