


FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90060 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000015610			
1. Entity Name BUSY BODIES, INC.			
Principal Place of Business 7839 POCITA CT JACKSONVILLE, FL 32256		Mailing Address 7839 POCITA CT JACKSONVILLE, FL 32256	
2. Principal Place of Business 9542 Argyle Forest Blvd City: Jacksonville FL		3. Mailing Address 9542 Argyle Forest Blvd City: Jacksonville FL	
50059542		57262005 Chg-P CR2E034 (10/03)	
4. FEI Number 41-2125708		Applied For No: Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEHR, SYBIL 7839 POCITA CT JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name: Patricia L. Little Street Address: 9542 Argyle Forest Blvd #C14 City: Jacksonville FL Zip Code: 32244	
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: Patricia L. Little DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: LEHR, SYBIL STREET ADDRESS: 7839 POCITA CT CITY-ST-ZIP: JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Schmidt, Marilyn Ann STREET ADDRESS: 4567 Colonial Avenue CITY-ST-ZIP: Jacksonville FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: SCHMIDT, MARILYN A STREET ADDRESS: 4567 COLONIAL AVE CITY-ST-ZIP: JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete	TITLE: STD NAME: LITTLE, PATRICIA L STREET ADDRESS: 5228 YERKES ST CITY-ST-ZIP: JACKSONVILLE, FL 32205	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: LITTLE, PATRICIA L STREET ADDRESS: 5228 YERKES ST CITY-ST-ZIP: JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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. I changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Patricia L. Little		8/2/05 (904) 319-8756	