

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018517

FILED
Mar 16, 2005
Secretary of State

Entity Name: BUSINESS FINANCIAL SOLUTIONS, INC.

Current Principal Place of Business:

19046 BRUCE B DOWNS BLVD #309
TAMPA, FL 33647

New Principal Place of Business:

5501 W. WATERS AVE.
SUITE 401
TAMPA, FL 33634

Current Mailing Address:

19046 BRUCE B DOWNS BLVD #309
TAMPA, FL 33647

New Mailing Address:

5501 W. WATERS AVE.
SUITE 401
TAMPA, FL 33634

FEI Number: 20-0466566

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, WAYNE
19046 BRUCE B DOWNS BLVD #309
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MORGAN, WAYNE
5501 W. WATERS AVE., SUITE 401
TAMPA, FL 33634 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORGAN, WAYNE
Address: 17102 HEART OF PALMS DR
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: KISER, LAURA
Address: 1308 PINE RIDGE CIRCLE EAST #B-3
City-St-Zip: TARPON SPRINGS, FL 33647

Title: D () Delete
Name: MORGAN, WAYNE
Address: 17102 HEART OF PALMS DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: KISER, LAURA
Address: 1308 PINE RIDGE CIRCLE EAST #B-3
City-St-Zip: TARPON SPRINGS, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 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: WAYNE MORGAN

PD

03/16/2005

Electronic Signature of Signing Officer or Director

Date