

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000040905

1. Entity Name
EBSFX INC.



FILED
Aug 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
13950 BALLANTYNE CORPORATE PLACE
SUITE 175
CHARLOTTE, NC 28277 US

Mailing Address
13950 BALLANTYNE CORPORATE PLACE
SUITE 175
CHARLOTTE, NC 28277 US



07292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4541084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN
2499 GLADES RD
SUITE 305A
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE PD
NAME MORGAN, LYNDIA
STREET ADDRESS 54 WEST RD
CITY-ST-ZIP WILLSBORO, NY 12996

TITLE VPD
NAME BROCCO, ANTHONY
STREET ADDRESS 10712 OLD WAYSIDE RD
CITY-ST-ZIP CHARLOTTE, NC 28277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #