



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT# P08815	
1. Entity Name FLORIDA BUSINESS GROUP, INC.	

Principal Place of Business 2561 NURSERY ROAD, SUITE A CLEARWATER, FL 33764 US	Mailing Address 2561 NURSERY ROAD, SUITE A CLEARWATER, FL 33764 US
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DO NOT WRITE IN THIS SPACE

	
04142008 No Chg-P	CR2E034 (11/05)
4. FEI Number 21-0611833	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
COSENZA, SANDY 905 OAKWOOD DRIVE LARGO, FL 33770	

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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COSENZA, SANDY 905 OAKWOOD DRIVE LARGO, FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV WEINSTEIN, LINDA 17015 WINNERS CIRCLE ODESSA, FL 33556
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04/23/08-80068-018 158.75

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: Sandy Cosenza SANDY COSENZA **041408 727-524-1921**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #