

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034802

FILED
Mar 31, 2004
Secretary of State

Entity Name: SOUTH FLORIDA ELECTRONIC BUSINESS SERVICES, INC.

Current Principal Place of Business:

734 NORTHWEST 141 STREET
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

32 SMYRNA DR.
DEBARY, FL 32713

New Mailing Address:

FEI Number: 65-0410394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABNER, BEVERLY
32 SMYRNA DR.
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEWIS, ROBERT D
Address: 1007 N. CORBETT
City-St-Zip: GOLDSBORO, NC 27536

Title: D () Delete
Name: ABNER, ROBEN
Address: 8090 NW 10 ST #4
City-St-Zip: MIAMI, FL 33126

Title: P () Delete
Name: ABNER, BEVERLY L
Address: 32 SMYRNA DR.
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: LEWIS, MICHAEL B
Address: 734 NW 141 ST
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: LEONARD, SUZANNE
Address: 20271 PEARCE ST
City-St-Zip: FORT MYERS, FL 33917

Title: D () Delete
Name: GORMAN, CHRISTINA M
Address: 301 BIRCH AVE
City-St-Zip: ORANGE CITY, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEWIS, ROBERT D
Address: 1007 N. CORBETT
City-St-Zip: GOLDSBORO, NC 27536

Title: D (X) Change () Addition
Name: ABNER, ROBEN D
Address: 8090 NW 10 ST #4
City-St-Zip: MIAMI, FL 33126

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

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

Title: D (X) Change () Addition
Name: LEONARD, SUZANNE
Address: 11972 LAURELIN COURT
City-St-Zip: NORTH FORT MYERS, FL 33917

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: CAROLYN E REIDER

MRS

03/31/2004

Electronic Signature of Signing Officer or Director

Date

CAROLYN E REIDER
720 NW 141 STREET
MIAMI FLORIDA 33168

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720 NW 141 STREET

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720 NW 141 STREET