

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000002980

Entity Name: D.R. BUSINESS SYSTEMS, INC.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

3460 NORTH COURTNEY PKWY
SUITE 8
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 541016
MERRITTISLAND, FL 32954 US

New Mailing Address:

FEI Number: 59-3230878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDS, DOUGLAS A
585 ELLIOTT DR
MERRITT ISLAND, FL 32952 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: PSTD () Delete
Name: RICHARDS, DOUGLAS A
Address: 585 ELLIOTT DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DRS () Delete
Name: RICHARDS, JEFFREY E
Address: 8 MOUNTAIN ASH LN
City-St-Zip: PENBROKE, MA 032592006

Title: DRVP () Delete
Name: RICHARDS, BARBARA M
Address: 585 ELLIOTT DR
City-St-Zip: MERRITT ISLAND, FL 329524015

Title: DT () Delete
Name: DERMAN, BEVERLY
Address: 585 ELLIOTT DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: M () Delete
Name: RICHARDS, DAVID L JR
Address: 24 HODGES AVE
City-St-Zip: QUINCY, MA 02171

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:

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: DOUGLAS A. RICHARDS

PSTD

01/04/2005

Electronic Signature of Signing Officer or Director

Date