

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000035540

1. Entity Name
SRS BUSINESS ENTERPRISES, INC.



Principal Place of Business
**10122 LINDELARN DRIVE
TAMPA, FL 33618 US**

Mailing Address
**10122 LINDELARN DRIVE
TAMPA, FL 33618 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243891	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCALLON, VINCENT
10122 LINDELARN DRIVE
TAMPA, FL 33618**

**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 _____ (NOTE: Registered Agent signature required when re-instating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PD SCALLON, VINCENT 10122 LINDELAAN DRIVE TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HILDEGARD, SCALLON 10122 LINDELAAN DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SCALLOW, JEFFREY 10122 LINDELAAN DR TAMPA, FL 33618
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: Vincent Scallon 1/24/05 (813) 932-8490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Prec#