2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90061 006 ***150.00

DOCUMENT # P94000086469

1. Entity Name

CONNECTIVITY BUSINESS SYSTEMS, INC.

Principal Place of Business	Mailing Address
6840 GRISSOM PARKWAY TITUSVILLE FL 32780 US	~~PO BOX 10078 TITUSVILLE FL 32783 US~~ PO BOX 547796 ORLANDO, FL 32854-7796

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
		P O BOX 547796	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO, FL	
Zip: -	Country	Zip: 32854-7796	Country: USA

4. FEI Number: 59-3281418 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~THOMAS, CARLOS P~~
~~365 NEEDLES TRAIL~~
~~LONGWOOD FL 32779~~

7. Name and Address of New Registered Agent

Name: DUPREE, Curtis D
Street Address (P.O. Box Number is Not Acceptable): 1901 University Dr.
City: Orlando FL Zip Code: 32804

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: Curtis Dupree
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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR THOMAS, CARLOS P 365 NEEDLES TRAIL LONGWOOD FL 32779 VP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MR~~ ~~CURT~~IS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MR. Dupree, Curtis D Pres. 1900 University Dr. Orlando, FL. 32804~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MR. DUPREE, CURTIS D 1901 UNIVERSITY DR PRES. ORLANDO, FL 32804 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Curtis Dupree 1/18/05 321-269-0247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #