## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P95000040880 1: Entity Name BAY AREA BILLING AND COLLECTION SERVICES, INC. 04-29-2004 90329 035 \*\*\*150.00 Principal Place of Business Mailing Address 8449 GARDENS CIRCLE P 0 BOX 16144 ST. PETERSBURG, FL 33733-6144 US APT #8 SARASOTA, FL 34243 3. Mailing Address 8 449 Gardens 2. Principal Place of Business Circle Suite, Apt. #, etc. 04212004 CR2E034 (10/03) Chg-P City & State Saraseta Applied For 4. FEI Number 59-3315811 Not Applicable Country S Country \$8.75 Additional 34243 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISENBERGER, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 8449 GARDENS CIRCLE #8 SARASOTA, FL 34243 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ■ Addition TITLE ☐ Change WEISENBERGER, JAMES L NAME NAME STREET ADDRESS 8449 GARDENS CIRCLE #8 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP. CITY-ST-ZIP. TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

A OR DIRECTOR

**FILED** 

4-26-04 941 355-0731