


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000007595  
 1. Entity Name  
 SEMINOLE BUSINESS SYSTEMS, INC.



Principal Place of Business: 14145 BLACK JACK ROAD, DOVER, FL 33527  
 Mailing Address: 14145 BLACK JACK ROAD, DOVER, FL 33527



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 59-3344966 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COWAN, THOMAS H  
 14145 BLACK JACK ROAD  
 DOVER, FL 33527

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/starting)

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COWAN, THOMAS H
STREET ADDRESS	14145 BLACK JACK RD
CITY-ST-ZIP	DOVER, FL
TITLE	VP
NAME	COWAN, MARY JOYCE
STREET ADDRESS	14145 BLACKJACK ROAD
CITY-ST-ZIP	DOVER, FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/11/06-80086-005 150.00  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas H. Cowan 1/6/2006 (813) 659-3166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #