


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90694 047 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | | |
|---|---|---|---|
| DOCUMENT # P96000052772 | |  | |
| 1. Entity Name SOUTH FLORIDA BUSINESS SERVICES, INC. | | | |
| Principal Place of Business 5067 TAMiami TRAIL E NAPLES, FL 34113 US | | Mailing Address 5067 TAMiami TRAIL E NAPLES, FL 34113 US | |
| 2. Principal Place of Business 463 TORREY PINES POINT Suite, Apt. #, etc. | | 3. Mailing Address 463 TORREY PINES POINT Suite, Apt. #, etc. | |
| City & State NAPLES, FL. | | City & State NAPLES, FL. | |
| Zip 34113 | Country USA | Zip 34113 | Country USA |
| 4. FEI Number 65-0677305 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FOREMAN, GEORGE K 5067 TAMiami TRAIL E NAPLES, FL 34113 | | 7. Name and Address of New Registered Agent Name FOREMAN, GEORGE K. Street Address (P.O. Box Number is Not Acceptable) 463 TORREY PINES POINT City NAPLES FL Zip Code 34113 | |
| 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 George K Foreman DATE 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PSTD FOREMAN, GEORGE K 5067 TAMiami TRAIL E NAPLES, FL 34113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD FOREMAN, GEORGE K. 463 TORREY PINES POINT NAPLES, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOREMAN, GLORIA J 5067 TAMiami TRAIL E NAPLES, FL 34113 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FOREMAN, GLORIA J. 463 TORREY PINES POINT NAPLES, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: George K Foreman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 4-29-04 Daytime Phone # 239-643-7647 | |