2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am

Principal Place of Business Sop FOREST LANE DELAND, FL 32724 Sop FOREST LANE Delet Substitute Delay Delet Substitute Delay Delet Delet Substitute Delay Delet Substitute S	DOCUMENT # P97000011200 1. Entity Name GEM BUSINESS SERVICES, INC.					03-21-2005 90117 002 ***150.00					
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Codo City Ci	City & State		City & State						 		
MILLER, GEORGE E 800 FOREST LANE DELAND, FL 32724 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 True	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
MILLER, GEORGE E Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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, hypotic primarization of registered agent and to it application. PILE MOWITH FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D	6. Name and Address of Current Registered Agent										
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MILLER OFOROE			Name							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or printed name of inquested agent and site if application. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in state of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in state of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. I am familiar with, and accept the obligations of registered agent. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered Agent any submit in the State of Florida. NoTE Registered				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
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After Ray 1, 2003 Fee will be \$350,00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D MILLER, GEORGE E STREET ADDRESS CITY-SI-2P DELAND, FL 32724 DELAN	SKGNATURE Signature, typed or pristed name of registered again and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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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 attachgent with an address, with all other like empowered.