

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000079204

1. Entity Name
THE CENTRE FOR OPERATIONAL BUSINESS
INTELLIGENCE, INCORPORATED



Principal Place of Business

1133 4TH ST., STE. 200
SARASOTA, FL 34236

Mailing Address

919 WILLOWBROOK DR.
SUITE B
HUNTSVILLE, AL 35802



02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0792406

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAM E. DEGENARO
1133 4TH STREET, SUITE 200
SARASOTA, FL 34236

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000125307
04/22/04-80080-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DEGENARO, WILLIAM E.
STREET ADDRESS	1133 4TH STREET, SUITE 200
CITY- ST- ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	NOLAN, JOHN A III
STREET ADDRESS	919 WILLOWBROOK DR., STE B
CITY- ST- ZIP	HUNTSVILLE, AL 35802
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

John A. Nolan, III
JOHN A. NOLAN, III
SECRETARY

06 Feb 04 256-883-8099
Date Daytime Phone #