

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000067162

FILED
Jan 24, 2005
Secretary of State

Entity Name: NCC BUSINESS SERVICES OF WEST PALM BEACH, INC.

Current Principal Place of Business:

GREEN ACRES FL
312 SUITE
GREENACRES, FL 33463

New Principal Place of Business:

3900 WOODLAKE BLVD
SUITE 310
GREENACRES, FL 33463

Current Mailing Address:

6415 LAKE WORTH RD., STE 312
GREENACRES, FL 33463

New Mailing Address:

3733 UNIVERSITY BLVD. WEST
SUITE 300
JACKSONVILLE, FL 32217

FEI Number: 65-0853662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLAN, IRVING O
3733 UNIVERSITY BOULEVARD
SUITE 300
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEIGH, TIMOTHY
Address: 1499 FOREST HILL BOULEVARD #119
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: POLLAN, EDWARD S
Address: 3733 UNIVERSITY BOULEVARD #300
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: POLLAN, IRVING O
Address: 3733 UNIVERSITY BOULEVARD #300
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING POLLAN

D

01/24/2005

Electronic Signature of Signing Officer or Director

Date