### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P98000075071

1. Entity Name

CONTINENTAL BUSINESS, INC.



Principal Place of Business

2151 W. HILLSBOROUGH BLVD

STE 211

DEERFIELD BEACH, FL 33442

Mailing Address

2151 W. HILLSBOROUGH BLVD

STE 211

DO NOT WRITE IN THIS SPACE

DEERFIELD BEACH, FL 33442

### FILED Jul 21, 2004 8:00 am Secretary of State

07-21-2004 90028 018 \*\*\*150.00

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06302004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0860574

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALE, SANDER 2151 NO 211 NO. 206

DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

|   | •  |   |                       |                                 |  |    |
|---|--|---|-----------------------|---------------------------------|--|----|
|   | 1.5  |   |                       |                                 |  |    |
| 8. The above the obligat                                | named entity submits this statement for the ons of registered agent. | purpose of changing its register  | ed office or reg      | gistered agent, or both, in the | e State of Florida. I am familiar with, and accept | ot |
| SIGNATURE_  |  |   |                       |                                 |  |    |
|   | Signature, typed or printed name of registered agent and title       | e if applicable. (NOTE: Registere   | ed Agent signature re | quired when reinstating)        | DATE   |    |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 8, 2004 |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |                       |                                 |  |    |
| 10.   | OFFICERS AND DIRE  | CTORS   |                       |                                 |  | _  |
| TITLE   | D 4  |   |                       |                                 |  |    |
| NAME  | HALE, SANDER   |   |                       |                                 |  |    |
| STREET ADDRESS  | 2151 W. HILLSBOROUGH BLVD #211                                       |   |                       |                                 |  |    |
| CITY-ST-ZIP   | DEERFIELD BEACH, FL 33442  |   |                       |                                 |  |    |
| TITLE   |  |   |                       |                                 |  |    |
| NAME  | <b>!</b>   |   |                       |                                 |  |    |
| STREET ADDRESS  | *  |   |                       | •                               |  |    |
| CITY-ST-ZIP   | <u> </u>   |   |                       |                                 |  |    |
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| STREET ADDRESS  | <del></del> - •  | · · · · · · · · · · · · · · · · · · ·   | *                     | TO THE                          | OT WRITE   | -  |
| CITY-ST-ZIP   |  | •   |                       | DO M                            | )! While   |    |
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| NAME  |  |   |                       | 114 1.11                        | 3 SPACE  |    |
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| NAME  | I  |   |                       |                                 |  |    |
| STREET ADDRESS  |  |   | 1                     |                                 |  |    |
| CITY-ST-ZIP   |  |   |                       |                                 | -  |    |
| TITLE   | o .  |   |                       |                                 |  |    |
| NAME  | ii<br>n  |   |                       |                                 |  |    |
| STREET ADDRESS  | , , , , , , , , , , , , , , , , , , ,                                |   |                       |                                 | •  |    |
| CITY-ST-7IP   |  |   | 1                     |                                 |  |    |

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 eath; 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:

SIGNATURE AND LYNEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 481 8661

Date

AHaChment

# Continental Business Inc. # P98000076071

Licensed Broker 2151 W. Hillsboro Blvd., Suite 211 Deerfield Beach, Florida 33442 954 481 8661 Fax 954 481 8662 Email: shale@gate.net

Florida Dept. of State Secretary of State Glenda Hood Division of Corporations PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that I received a bill for my re-registration of my Corporation for \$550. The notice I received did not explain a \$400 penalty for not filing on time. I wish to state empathically I never received a prior notice for the amount due which I understand was \$150. I called your office and was told to write this letter and explain that I never got the original notice and to enclose a check for \$150. Being in business for 25 years, with an impeccable reputation, I pay all my bills in a timely fashion.

Thank you.

Sincerely,

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