## **2008 FOR PROFIT CORPORATION**

## Jan 09, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P98000075071 CONTINENTAL BUSINESS, INC. Mailing Address Principal Place of Business 2151 W. HILLSBOROUGH BLVD 2151 W. HILLSBOROUGH BLVD STE 211 STE 211 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0860574 Not Applicable - \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HALE, SANDER 2151 NO 211 NO. 206 IN THIS SPACE DEERFIELD BEACH, FL 33442 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. DATE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agant signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME HALE, SANDER 2151 W. HILLSBOROUGH BLVD #211 STREET ADDRESS 01/09/08-80002-007 150.00 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TOTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME STREET ADDRESS CITY-ST-ZIP

> SANDER HALE NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**