

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082686

Entity Name: THE BACK OFFICE, INC.

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

8064 CLOVERGLEN CIRCLE
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

8064 CLOVERGLEN CIRCLE
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3534282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRATER, HOWARD
9172 MONTEVELLO DRIVE
ORLANDO, FL 32818 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: BAKER, MICHAEL
Address: 8064 CLOVERGLEN DR.
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: GRATER, HOWARD
Address: 9172 MONTEVELLO DR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FISTER, ALAN S
Address: 8064 CLOVERGLEN DR.
City-St-Zip: ORLANDO, FL 32818

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: ALAN S FISTER

D

01/05/2005

Electronic Signature of Signing Officer or Director

Date