


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000039210 1. Entity Name FLORIDA ELECTRONIC BUSINESS RESOURCE COMPANY, INC.	
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Principal Place of Business 2008 W. 17TH STREET PANAMA CITY FL 32405	Mailing Address PO BOX 15051 PANAMA CITY FL 32406
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State City & State	4. FEI Number 59-3578388
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN FL 32444	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete FINCH, EVY T 2008 W 17TH ST PANAMA CITY FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WILLIAMS, ROBERT 2008 W 17TH ST PANAMA CITY FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000819097 02/15/08-80068-024 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Evvy T. Finch* **Evvy T. Finch** **2-5-08** **850 763 5290**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: No Phone #