## 2004 FOR PROFIT CORPORATION
## ANNUAL REPORT

### DOCUMENT # P99000091219

**1.** Entity Name
BUSINESS IMPROVEMENT SOLUTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6265 BERTRAM DRIVE<br>MELBOURNE, FL 32955 | POST OFFICE BOX 411182<br>MELBOURNE, FL 32941 |

**2.** Principal Place of Business
**336 Haley Court**

Suite, Apt. #, etc.

**3.** Mailing Address

Suite, Apt. #, etc.

City & State
**Melbourne, FL**

City & State

Zip **32940**   Country **USA**

Zip   Country

07202004   Chg-P   CR2E034 (10/03)

**4.** FEI Number **59-3607552**   | Applied For / Not Applicable

**5.** Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WEBBER, DALE S<br>401 E. JACKSON STREET<br>SUITE 2500<br>TAMPA, FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City   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_____

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

| **FILE NOW!!! FEE IS $150.00**<br>**Due by September 8, 2004** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|---|

| 10. | OFFICERS AND DIRECTORS | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PANKEY, DON F<br>6265 BERTRAM DRIVE<br>MELBOURNE, FL 32955 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D,P,S<br>Pankey, Don F.<br>336 Haley Court<br>Melbourne, FL 32940 | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change | ☐ Addition |
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**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 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: _____ Don F. Pankey, President   , 2004   (321) 691-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #