


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90041 024 ***150.00

DOCUMENT # S54472					
1. Entity Name FBS BUSINESS SYSTEMS CORPORATION					
Principal Place of Business 5430 W. CRENSHAW TAMPA, FL 33634			Mailing Address PO BOX 15365 TAMPA, FL 33684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3071291	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUCK, MICHAEL L VP 5430 W CRENSHAW STREET TAMPA, FL 33634			7. Name and Address of New Registered Agent Name: <u>Kruck Sr, Michael L. VP.</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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: <u>Michael L. Kruck Sr. V.P. Michael L. Kruck Sr. 1/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB CHRISTINA, CHRISTINA C 19305 SIMPLICITY PLACE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kruck, Christina C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRUCK, CHRICTINA C 19305 SIMPLICITY PLACE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRUCK, MICHAEL L 19305 SIMPLICITY PLACE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kruck Sr, Michael L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC KRUCK, MICHAEL L 19305 SIMPLICITY PLACE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kruck Sr, Michael L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES KRUCK, MICHAEL L 19305 SIMPLICITY PLACE LUTZ, FL 33558 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kruck Sr, Michael L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <u>Michael L. Kruck Sr. Michael L. Kruck Sr. 1/3/05 8138840414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01032005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable