#### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # S58301

1. Entity Name

Principal Place of Business

213 HOLLYWOOD BLVD NE

213 HOLLYWOOD BLVD NE

FORTWALTON, FL 32548

FORT WALTON BUSINESS MACHINES, INC.



Mailing Address

213 HOLLYWOOD BLVD NW 213 HOLLYWOOD BLVD NE FORT WALTON, FL 32548

US

## FILED Feb 13, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

01062004 No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3076243 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURDAUGH, JOHNANN 1968 CHURCH ST. GULF BREEZE, FL 32561

## DO NOT WRITE IN THIS SPACE

GULF BREEZE, FL 32561			IN THIS SPACE				
	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or b	oth, in the State of Florida. I am fa	smillar with, and acc	ept
				required when romstaling)	DATE		. 11
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		State of the second secon		UnnoQOO\$0713 DZ/16/04-80021-820	150.00		
10. OFFICERS AND DIRECTORS .							
NAME STREET ADDRESS CITY-ST-ZIP	PSD LANGE, KENNETH M. 357 HOLLYWOOD BLVD., NE FT. WALTON BEACH, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

# DO NOT WRITE IN THIS SPACE

TRILE

NAME

STREET ADDRESS

CITY- ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section \$19.07(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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

NAME STREET ADORESS CITY - ST - ZIP

CATY-ST-ZIP THRE

STREET ADDRESS CITY-ST-ZIP

KONATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGER OR DIRECTOR

2-504 243 217/