2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S82325

FILED Apr 28, 2004 Secretary of State

Entity Name: SMALL BUSINESS SERVICES OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

2616 TAMIAMI TRAIL 4138 CORN STREET

HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE, FL 33948 PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

2616 TAMIAMI TRAIL 4138 CORN STREET

HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE, FL 33948

PORT CHARLOTTE, FL 33952

FEI Number: 65-0285524 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OMERZU, MICHAEL A

2616 TAMIAMI TRAIL

4138 CORN STREET

DEPT OF SOLVANDE STREET

HERITAGE SQUARE - SUITE 3 PORT CHARLOTTE, FL 33948 US PORT CHARLOTTE, FL 33952 US

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: MICHAEL A. OMERZU 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV () Delete Title: DV (X) Change () Addition Name: OMERZU, MICHAEL A Name: OMERZU, MICHAEL A

Address: 21052 KEARNEY AVE. Address: 4138 CORN STREET

City-St-Zip: PT. CHARLOTTE, FL City-St-Zip: PT. CHARLOTTE, FL 33948

Title: DPT () Delete Title: DPT (X) Change () Addition Name: OMERZU, TOMMIE W Name: OMERZU, TOMMIE W

Address: 21052 KEARNEY AVE. Address: 4138 CORN STREET

City-St-Zip: PT. CHARLOTTE, FL City-St-Zip: PT. CHARLOTTE, FL 33948

Title: VP (X) Delete Title: () Change () Addition

 Name:
 AUGHEY, THEODORE
 Name:

 Address:
 2909 GUADALUPE DRIVE
 Address:

 City-St-Zip:
 PUNTA GRODA, FL
 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: MICHAEL A. OMERZU DV 04/28/2004