

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90145 002 ***158.75

DOCUMENT # V34049	
1. Entity Name COMPUTERIZED BOOKKEEPING & PAYROLL SERVICES, INC.	

Principal Place of Business 5257 AVERIDA DEL MAR SARASOTA, FL 34242	Mailing Address 5257 AVERIDA DEL MARE SARASOTA, FL 34242
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50047166



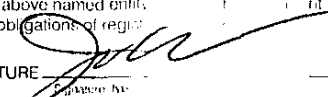
2. Principal Place of Business 2272 Pine View Cir Suite, Apt. #, etc.	3. Mailing Address 2272 Pine View Cir Suite, Apt. #, etc.
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04282005 Chg-P CR2E034 (10/03)

City & State Sarasota, FL	City & State Sarasota, FL	4. FEI Number 65-0335462	Applied For ☐ Not Applicable
Zip 34231	Zip 34231	Country	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEDLAR, JO ANN 5257 AVERIDA DEL MARE SARASOTA, FL 34242	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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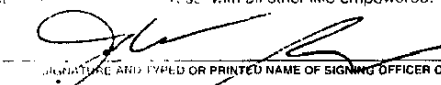
8. The above named entity is authorized for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registration.

SIGNATURE  DATE **4/28/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P SEDLAR, JO ANN 5257 AVENIDE DEL MARE ST SARASOTA FL 34242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information indicated on this 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 authorized 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 attached sheet.

SIGNATURE:  **JoAnn Sedlak** 4/28/05 941-927-1378

DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR