


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H41579**  
 1. Entity Name  
 WEST FLORIDA BUSINESS SYSTEMS, INC.



Principal Place of Business 4324 MEADOWLAND CIRCLE SARASOTA, FL 34233-1302	Mailing Address 4324 MEADOWLAND CIRCLE SARASOTA, FL 34233-1302
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02112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2502961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

RINELL, MICHAEL P.  
 4324 MEADOWLAND CIRCLE  
 SARASOTA, FL 33583

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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: *Michael P. Rinell* DATE: 2/14/2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT RINELL, MICHAEL P. 4324 MEADOWLAND CRCL. SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RINELL, BARBARA C 4324 MEADOWLAND CIR SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZYSPAK, MARION 5401 39TH AVE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000634703  
 02/22/07-90023-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Michael P. Rinell* DATE: 2/14/2007 DAYTIME PHONE #: 941 321 8948  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #