


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 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	



DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 Rinell* (NOTE: Registered Agent signature required when reinstating) DATE 4/14/2008

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000899116

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	

04/28/08-80026-010 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Rinell DATE 4/14/2008

Date

Daytime Phone #