

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90015 025 \*\*\*150.00

**DOCUMENT # P94000090821**  
 1. Entity Name  
**BUSINESS SOFTWARE DEVELOPERS, INC.**



Principal Place of Business      Mailing Address  
 170 NW 78TH TERRACE BLDG 2, STE 102      170 NW 78TH TERRACE BLDG 2, STE 102  
 PEMBROKE PINES, FL 33024 US      PEMBROKE PINES, FL 33024 US

**40007825**



2. Principal Place of Business      3. Mailing Address  
**9077 ST. ANDREWS WAY**      **9077 ST. ANDREWS WAY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

01212005      Chg-P      CR2E034 (10/03)

City & State      City & State  
**MOUNT DORA, FL**      **MOUNT DORA, FL**  
 Zip      Country      Zip      Country  
**32757**      **USA**      **32757**      **USA**

4. FEI Number      Applied For  
**65-0539988**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NOFIL, JOSEPH K P.A. 3284 N STATE ROAD 7 LAUDERDALE LAKES, FL 33319		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCHBAUGH, JAQUELIN <del>170 NW 78TH TERRACE BLDG 2, STE 102</del> <del>PEMBROKE PINES, FL</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>9077 ST. ANDREWS WAY</b> <b>MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ESCHBAUGH, MICHELLE 170 NW 78TH TERRACE BLDG 2, STE 102 PEMBROKE PINES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>9077 ST. ANDREWS WAY</b> <b>MOUNT DORA, FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.

SIGNATURE: Robert Eschbaugh      **ROBERT ESCHBAUGH**      1/25/05      352-735-2957  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #