


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 14, 2007 8:00 am**  
**Secretary of State**

06-14-2007 90001 043 \*\*\*150.00

**DOCUMENT # P94000090821**

1. Entity Name  
**BUSINESS SOFTWARE DEVELOPERS, INC.**




Principal Place of Business      Mailing Address  
**9077 SAINT ANDREWS WAY**      **9077 SAINT ANDREWS WAY**  
**MOUNT DORA, FL 32757 US**      **MOUNT DORA, FL 32757 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**114 ETOWAH DRIVE**      **114 ETOWAH DRIVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ROME, GA**      **ROME, GA**  
 Zip      Country      Zip      Country  
**30161**      **USA**      **30161**      **USA**

6. Name and Address of Current Registered Agent  
**NOFIL, JOSEPH K P.A. . . .**  
**3284 N STATE ROAD 7**  
**LAUDERDALE LAKES, FL 33319**

40120100



06042007      Chg-P      CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> Delete
NAME	ESCHBAUGH, JAQUELIN	
STREET ADDRESS	<del>9077 SAINT ANDREWS WAY</del>	
CITY-ST-ZIP	<del>MOUNT DORA, FL 32757</del>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESCHBAUGH, MICHELLE	
STREET ADDRESS	<del>9077 SAINT ANDREWS WAY</del>	
CITY-ST-ZIP	<del>MOUNT DORA, FL 32757</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>114 ETOWAH DRIVE</b>	
CITY-ST-ZIP	<b>ROME, GA 30161</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>114 ETOWAH DRIVE</b>	
CITY-ST-ZIP	<b>ROME, GA 30161</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ROBERT V. ESCHBAUGH      Date: 6/11/07      Daytime Phone #: 954-612-2207