

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # F84887 1. Entity Name COMPUTER SERVICE BUREAU OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 1578 EL JOBEAN RD PORT CHARLOTTE, FL 33948 US		Mailing Address P. O. BOX 400 PLACIDA, FL 33946
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MASON, PAMELA 2350 N BEACH ROAD #1A ENGLEWOOD, FL 34223		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD MASON, PAMELA P O BOX 400 N/A PLACIDA, FL 33946	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CRONE, DON P O BOX 400 N/A PLACIDA, FL 33946	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: <u><i>Don Crone</i></u> DON CRONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/16/04</u> 941-235-1600 Date Daytime Phone #



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2197856	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/15/04-80055-010 150.00

**DO NOT WRITE
IN THIS SPACE**