


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 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
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**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2197856	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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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
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 01/12/06-80033-007 150.00

**DO NOT WRITE 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: Don Crone **DON CRONE** 1/7/06 941-235-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #