

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90234 009 \*\*\*150.00



**DOCUMENT # M76059**

1. Entity Name  
 PC SUPPORT, INC.

Principal Place of Business  
~~120 UNIVERSITY PARK~~ *6962 Aloma*  
~~STE 210~~  
 WINTER PARK, FL 32792 US

Mailing Address  
~~228 CROOKED STICK~~ *2414 Ridgemoor Dr.*  
 ORLANDO, FL 32828 US

**94074692**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2879329	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**

VATTEROTT, VALERIE C.  
~~228 CROOKED STICK CT~~ *2414 Ridgemoor Dr.*  
 ORLANDO, FL 32828

**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: *Val Vatterott*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/26/04*

**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	DP
NAME	VATTEROTT, VALERIE C.
STREET ADDRESS	<del>228 CROOKED STICK CT</del> <i>2414 Ridgemoor Dr.</i>
CITY-ST-ZIP	ORLANDO, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Val Vatterott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/04*

Date

*407-657-7778*

Daytime Phone #