2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2006 8:00 am Secretary of State

DOCUMENT # N0200005504 1. Entity Name CHARLOTTE COUNTY COMPUTER GROUP CORPORATION									03-08-20	_	5 046 ****	
Principal Place of Business 2280 AARON ST PORT CHARLOTTE, FL 33952 Mailing Address 2280 AARON ST PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33					33952			L più literativit derri	erija jirij 16 711 8 2 711 1	IPM GRIN PRIGI	kina sam a t iri a rk	1121 SI 1610
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				02202006	Chg-NP	CR2E0	37 (11/05)		
City & State			City & State					4. FEI Numbe 05-0528			<u> </u>	plied For t Applicable
Zip	p Country		Zip		Country				of Status Desired		\$8.75 Add	itional
	6. Name	and Address of Current F	Registered	d Agent			 .	7. Name and	Address of New	Registered	Fee Required Agent	·
6. Name and Address of Current Registered Agent ZINNEMAN, THOMAS E 2280 AARON ST.: PORT CHARLOTTE, FL 33952							7 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 A. Vette. Piach Give 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 Signature, typed or printed name of registered agent and tate if applicable. (NOT) Registered Agent aggregate required when revisiting) DATE												
_	Signature, typed	or printed name of registered agent a	and title if appli 	cable. (NOT)	Registere	ed Agent segnet	rae sectioned	when revisitating)		DATE		
	Filing Fa	ne is \$61.25	and title if appli	9. Election Carr Trust Fund C	paign F	inancing	The sections	\$5.00 May B Added to Fees	e FI	Make chec	k payable to	
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12. Thereby certify that the information supplied with this filting 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 617, 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: That file A. Yvette Fileh 941-266-1664

GONATURE AND TYPED OR PROPED NAME OF SIGNANG OFFICER OR DIRECTOR DEED 1000 DESCRIPTION FROM P.