

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000074516

**FILED**  
**Mar 25, 2012**  
**Secretary of State**

**Entity Name:** COMPUFRIEND SOLUTIONS AND SUPPORT, INC.

**Current Principal Place of Business:**

7740 LAKE WILSON RD  
DAVENPORT, FL 33896 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 730  
INTERCESSION CITY, FL 33848

**New Mailing Address:**

7740 LAKE WILSON RD  
DAVENPORT, FL 33896 US

**FEI Number:** 27-3483943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WEXLER, LISA  
128 ROBBINS REST COURT  
DAVENPORT, FL 33896 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: WEXLER, LISA  
Address: 128 ROBBINS REST COURT  
City-St-Zip: DAVENPORT, FL 33896 US

Title: SD  
Name: WEXLER, LISA  
Address: 128 ROBBINS REST COURT  
City-St-Zip: DAVENPORT, FL 33896 US

Title: CIO  
Name: DAVID WAYNE GIZMO WEXLER  
Address: 128 ROBBINS REST COURT  
City-St-Zip: DAVENPORT, FL 33896 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LISA WEXLER

PTSD

03/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date