

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 040 ***158.75

DOCUMENT # F00000006822

1. Entity Name
CODEWARE, INC.



Principal Place of Business
**11221 RICHMOND #C-103
HOUSTON, TX 77082**

Mailing Address
**11221 RICHMOND #C-103
HOUSTON, TX 77082**

44051925



2. Principal Place of Business

3. Mailing Address

8588 Potter Park Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

08102004

Chg-P

CR2E034 (10/03)

City & State

City & State

Sarasota FL

4. FEI Number

76-0403401

Applied For

Not Applicable

Zip

Country

Zip

34238

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BILLY, LES
8482 S. TAMIAMI TRAIL
SARASOTA, FL 34248**

Name

Street Address (P.O. Box Number is Not Acceptable)

8588 Potter Park Road

Suite 201

City

Sarasota

FL

Zip Code

34238

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BILLY, LES**
STREET ADDRESS **8482 SOUTH TAMIAMI TRAIL**
CITY-ST-ZIP **SARASOTA, FL**

TITLE ☒ Change ☐ Addition
NAME **8588 Potter Park Road, Suite 201**
STREET ADDRESS **Sarasota FL 34238**
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **MIGLIAVACCA, JOHN**
STREET ADDRESS **11221 RICHMOND #C103**
CITY-ST-ZIP **HOUSTON, TX**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/04

Date

(941) 927-2670

Daytime Phone #