


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 657276 1. Entity Name MINICOMPUTER SPECIALISTS, INC.		
Principal Place of Business 10412 SHADOW OAK TRAIL CLERMONT, FL 34711		Mailing Address P.O. BOX 121067 CLERMONT, FL 34712-1067
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THOMAS, AMY P 10412 SHADOW OAK TRAIL CLERMONT, FL 34711		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, LAWRENCE D 10412 SHADOW OAK TRAIL CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMAS, AMY P 10412 SHADOW OAK TRAIL CLERMONT, FL 34711	
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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: <u><i>Amy P Thomas</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1-7-08</u> <u>407-399-8464</u> <small>Date Daytime Phone #</small>



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1999365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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01/10/08-80046-021 150.00

**DO NOT WRITE
IN THIS SPACE**