

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90148 042 ***150.00

40023168



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **59-1438152** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	OHRT, WILLIAM F	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	TROY, JOSEPH J	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VANOVERBEKE, BONNIE	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	AT	<input type="checkbox"/> Delete
NAME	EISCH, CYNTHIA B	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	S	<input type="checkbox"/> Delete
NAME	PATRICK, VICTOR P	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	
TITLE	TV	<input type="checkbox"/> Delete
NAME	DEARDEN III, MILES C	
STREET ADDRESS	4211 W BOY SCOUT BLVD	
CITY-ST-ZIP	TAMPA, FL 33607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

JIM WALTER COMPUTER SERVICES, INC.

SIGNATURE: Cynthia B. Eisch Assistant Treasurer 2/15/2005 (813)871-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia B. Eisch

Date Daytime Phone #