

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # F00000002260 1. Entity Name COMP-U-NET.COM, INC.					
Principal Place of Business 331 N. MAITLAND AVE. SUITE D10 MAITLAND FL 32751			Mailing Address 331 N. MAITLAND AVE. SUITE D10 MAITLAND FL 32751		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3656754	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AYA, EDGAR H PCD 331 N. MAITLAND AVE. SUITE D10 MAITLAND FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AYA, EDGAR H 331 N. MAITLAND AVENUE SUITE D10 MAITLAND FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYA, EDGAR A 331 N. MAITLAND AVENUE SUITE D10 MAITLAND FL 32751	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 info empowered.				U00000849629 03/21/08-80028-016 150.00	
SIGNATURE: _____				3/4/08 407-529-1800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					