

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90023 019 \*\*\*150.00

<b>DOCUMENT # F00000005846</b> 1. Entity Name CITY COMPUTER & SUPPLIES, INC.			
Principal Place of Business <del>6604 RIDGEWOOD DRIVE</del> <del>NAPLES, FL 34108</del>		Mailing Address <del>6604 RIDGEWOOD DRIVE</del> <del>NAPLES, FL 34108</del>	
2. Principal Place of Business 6549 MARISSA LOOP Suite, Apt. #, etc. # 24		3. Mailing Address P.O. Box 770385 Suite, Apt. #, etc.	
City & State NAPLES FLORIDA		City & State NAPLES FL	
Zip 34108	Country	Zip 34107	Country
4. FEI Number 34-1775390		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WILKOFF, JONATHAN D <del>6604 RIDGEWOOD DRIVE</del> <del>NAPLES, FL 34108</del>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 6549 MARISSA LOOP # 24  City NAPLES FL Zip Code 34108	
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 <u>Jonathan Wilkoff</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKOFF, JONATHAN D <del>6604 RIDGEWOOD DRIVE</del> <del>NAPLES, FL 34108</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6549 MARISSA LOOP # 24 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKOFF, STELLA D <del>6604 RIDGEWOOD DRIVE</del> <del>NAPLES, FL 34108</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6549 MARISSA LOOP # 24 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Jonathan Wilkoff</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF ANYING OFFICER OR DIRECTOR</small>		<u>March 16, 2006</u> <small>Date Daytime Phone #</small>	