2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # F0000005846 1. Entity Name CITY COMPUTER & SUPPLIES, INC.								03-21-2006 9	·		
Principal Place of Business 6604 RIDGEWOOD DRIVE NAPLES, FL 34108-			Mailing Address -6604-RIDGEW000-D -NAPLES, FL 34108-		·	•	dûn 25	Bam Ban Bam Bam Bam Ba	TI OBIN OURUL ENGLE	1112 B/B/O BU	11 78 7 A 138 1
2. Principal Place of Business			3. Mailing Address								
549 MARISSA LOOF " Suite, Apt. #, etc.			ア.ゥ. やつく フフ ロ子名を Suite, Apt. #, etc.			03112006	Chg-P	CR2E034	(11/05)		
₩ Zu City & State			City & State				4. FEI Numbe				plied For
100 M.		2,04	HAPLES	, FL			34-177				t Applicable
Zip 341	Country	′	Zp 34107	Cour	itry		5. Certificate	of Status Desired		.75 Add	
	- 6. Name and Addr	ess of Current Re					7Name and	Address of New R			
MUKOES JONATIAN D					Name						
WILKOFF, JONATHAN D -6604-RIDGEWOOD DRIVE- NAPLES, FL 34108						Street Address (P.O. Box Number is Not Acceptable)					
	•										
					City	2 Ø 6 F	<u> </u>		FL	Zip God	fio8
8. The above named entity submits this statement for the purpose of changing its registered off								h, in the State of Fk	orida. I am fam		
ine obligat	tions of registered agen	t.	, ,								
SIGNATURE.	Signature, typed or printed nerri	A of registered agent and	Ale/ applicable. (N	OTE: Registers	id Agent agnati	re required	when reinstating)		DATE		
			9. Election Camp								
	E NOW!!! FEE IS ay 1, 2006 Fee w						00 May Be ed to Fees				
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NAME WILKOFF, JONATHAN D			☐ Delete	חזור			ADDITIONS/	CHANGES TO OFF		Change	S IN 11 Addition
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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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2006

Osytime Phone #