


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 034 ***150.00

DOCUMENT # F00000005846	
1. Entity Name CITY COMPUTER & SUPPLIES, INC.	

Principal Place of Business 6549 MARISSA LOOP #24 NAPLES, FL 34108	Mailing Address P.O. BOX 770385 VANDERBILT BEACH, FL 34107
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40047241



2. Principal Place of Business - No P.O. Box # 780 FIFTH AVENUE SOUTH Suite, Apt. #, etc. SUITE 200 City & State NAPLES FL Zip 34102	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02272008 Chg-P CR2E034 (12/06)

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 6549 MARISSA LOOP #24 NAPLES, FL 34108	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 780 FIFTH AVENUE SOUTH SUITE 200 City NAPLES FL Zip Code 34102
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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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: March 4, 2008

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILKOFF, JONATHAN D 6549 MARISSA LOOP #24 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 FIFTH AVENUE SOUTH - SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILKOFF, STELLA D 6549 MARISSA LOOP #24 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 780 FIFTH AVENUE SOUTH - SUITE 200 NAPLES, FL 34102
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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: *[Signature]* S.D. WILKOFF DATE: March 4, 2008 Daytime Phone #: 800-759-6868