

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # F01000004618

1. Entity Name

COMPUTER OUTFITTERS OF FLORIDA, INC.



Principal Place of Business

639 N. SWAN RD  
TUCSON, AZ 85711

Mailing Address

639 N SWAN RD  
TUCSON, AZ 85711



01052007

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

86-0362270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEGGS, WILLIAM  
2929 E COMMERCIAL BLVD PH-A  
FT LAUDERDALE, FL 33308

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PCDT  
ANDERSON, FRANK  
4646 N CAMINO CARDENAL  
TUCSON, AZ 85718

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VSD  
ANDERSON, PATRICIA  
4646 N CAMINO CARDESAL  
TUCSON, AZ 85718

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000580011  
01/10/07-80030-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2007

520-795-4722