

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90155 001 ***150.00

DOCUMENT # F18962

1. Entity Name

COMPUTER ENERGY, INC.



Principal Place of Business

8160 BAYMEADOWS WAY, W.
SUITE 120
JACKSONVILLE FL 32256
US

Mailing Address

8160 BAYMEADOWS WAY, W.
SUITE 120
JACKSONVILLE FL 32256
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2059499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAWYER, J CHARLES
8160 BAYMEADOWS WAY, W.
SUITE 120
JACKSONVILLE FL 32256

Name Lawrence R. Hughes
Street Address (P.O. Box Number is Not Acceptable)
8160 Baymeadows Way, W.
Suite 120
City Jacksonville FL Zip Code 32256

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

Lawrence R. Hughes

4/14/2008

(Signature, typed or printed name of registered agent and date of completion)

(NOTE: Registered Agent signature required when reappointing)

DATE

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | SAWYER, J CHARLES | |
| STREET ADDRESS | 8160 BAYMEADOWS WAY, W., SUITE 120 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | DVS | <input type="checkbox"/> Delete |
| NAME | HUGHES, LAWRENCE R | |
| STREET ADDRESS | 8160 BAYMEADOWS WAY, W., SUITE 120 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hughes, Lawrence R. | |
| STREET ADDRESS | 8160 Baymeadows Way W, Ste 120 | |
| CITY-ST-ZIP | Jacksonville FL 32256 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 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:

Lawrence R. Hughes

4/14/2008

(904) 739-7393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #