

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F55087

1. Entity Name
COMPUTHON, INC.



**FILED
Jan 23, 2004 8:00 am
Secretary of State**

01-23-2004 90029 037 ***150.00

44003957



01082004 Chg-P CR2E034 (10/03)

Principal Place of Business
P.O. BOX 17979
TAMPA, FL 33682-7979

Mailing Address
P.O. BOX 17979
TAMPA, FL 33682-7979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

4. FEI Number
59-2143823

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSON, BARRY
328 WEST BEARSS AVE
TAMPA, FL 33613

7. Name and Address of New Registered Agent

Name **PETERSON, Barry**

Street Address (P.O. Box Number is Not Acceptable)

334 West Bearss Avenue

City **Tampa** FL **33613**

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP | PDST PETERSON, BARRY 328 W BEARSS AV TAMPA, FL | <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 | D PETERSON, MAURA P. 328 W. BEARSS AVE TAMPA, FL | <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 | D PETERSON, MARY C 328 W BEARSS AVE TAMPA, FL 33613 | <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Barry Peterson

Date

Daytime Phone #

1-8-04