2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005219

Title:

Name:

Address:

City-St-Zip:

Entity Name: COMPLITER LITILITIES OF CLEVELAND, INC.

FILED Feb 27, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
6736 LONE OAK BLVD NAPLES, FL 341096834	2033 TRADE CENTER WAY SUITE 3 NAPLES, FL 34109
Current Mailing Address:	New Mailing Address:
6736 LONE OAK BLVD NAPLES, FL 341096834	2033 TRADE CENTER WAY SUITE 3 NAPLES, FL 34109
FEI Number: 34-1058550 FEI Number Applied For () FEI N	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LACROIX, GILBERT A 6736 LONE OAK BLVD. NAPLES, FL 34109 US	LACROIX, GILBERT A 2033 TRADE CENTER WAY SUITE 3 NAPLES, FL 34109 US
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.	or changing its registered office of registered agent, or both,
	02/27/2004
in the State of Florida.	
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	02/27/2004
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution ().	02/27/2004 Date
in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: PC () Delete Name: LACROIX, GILBERT A Address: 370 WEDGE DRIVE	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GILBERT A LACROIX PC 02/27/2004

() Delete

LOZELLE, JAMES

NAPLES, FL 34108

7971 GRAND BAY DRIVE

() Change () Addition