

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005219

FILED  
Jan 03, 2005  
Secretary of State

**Entity Name:** COMPUTER UTILITIES OF CLEVELAND, INC.

**Current Principal Place of Business:**

2033 TRADE CENTER WAY  
SUITE 3  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2033 TRADE CENTER WAY  
SUITE 3  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 34-1058550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LACROIX, GILBERT A  
2033 TRADE CENTER WAY  
SUITE 3  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: LACROIX, GILBERT A  
Address: 370 WEDGE DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: SD ( ) Delete  
Name: LACROIX, SUSAN  
Address: 370 WEDGE DRIVE  
City-St-Zip: NAPLES, FL 34103

Title: TD ( ) Delete  
Name: ROBINSON, H D  
Address: 80 FOURTH AVENUE SOUTH  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: LOZELLE, JAMES  
Address: 7971 GRAND BAY DRIVE  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LOZELLE, JAMES  
Address: 222 MERMAID'S BIGHT  
City-St-Zip: NAPLES, FL 34103

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.

**SIGNATURE:** GILBERT A. LACROIX

PC

01/03/2005

Electronic Signature of Signing Officer or Director

Date