


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G20763</b>	
<b>1. Entity Name</b> COMPUTER PROFESSIONALS UNLIMITED, INC.	

<b>Principal Place of Business</b> % GUSTAVE DUBBS 4306 N TAMiami TRAIL SARASOTA FL 34234	<b>Mailing Address</b> % GUSTAVE DUBBS 4306 N TAMiami TRAIL SARASOTA FL 34234
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

<b>6. Name and Address of Current Registered Agent</b>	
DUBBS, GUSTAVE 6409 KYLIE CREEK WAY SARASOTA FL 34242	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
Trust Fund Contribution. ☐ **Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	DUBBS, GUSTAVE
<b>STREET ADDRESS</b>	6409 KYLIE CREEK WAY
<b>CITY - ST - ZIP</b>	SARASOTA FL 34242
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	VS
<b>STREET ADDRESS</b>	MCKENNA, DIANE
<b>CITY - ST - ZIP</b>	2624 SIESTA DRIVE SARASOTA FL 34239
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	PTD
<b>STREET ADDRESS</b>	DUBBS, DANIEL
<b>CITY - ST - ZIP</b>	3601 AZALEA LANE SARASOTA FL 34240
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	UN00000242943
<b>STREET ADDRESS</b>	02/25/05-80020-010 150.00
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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:** Gustave Dubbs **GUSTAVE DUBBS** 2/18/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR