

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H35888

1. Entity Name  
COMPUKEEPER, INC.



FILED

08 JUN 30 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2298 NW 2ND AVE  
STE 20  
BOCA RATON, FL 33431 US

Mailing Address

C/O DORAK  
159 NW 70TH ST, #415  
BOCA RATON, FL 33487 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

06252008

Chg-P

CR2E034 (12/06)

4. FEI Number

59-2480298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DORAK, MARY E.  
159 NW 70TH ST #415  
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DORAK, MARY E.  
STREET ADDRESS 159 NW 70TH ST #415  
CITY-ST-ZIP BOCA RATON, FL

TITLE D ☒ Delete  
NAME HARTMAN, JOHN J  
STREET ADDRESS 7200 NW 2ND AVE #56  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☐ Delete  
NAME DORAK, JOHN J III  
STREET ADDRESS 7200 NW 2ND AVE #56  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 700133004657  
CITY-ST-ZIP 07/16/08--01016--011 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 Chapter 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: Mary E. Dorak, Pr Mary E. Dorak, Pr 6/25/08 561-368-7769  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 7/1