

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90035 014 ***150.00

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01122007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2678990 Applied For Not Applicable

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

DOCUMENT # J16469
1. Entity Name
COURTESY COMPUTERS INC.



Principal Place of Business Mailing Address
6700 GRIFFIN RD. **6700 GRIFFIN RD.**
SUITE G **SUITE G**
DAVIE, FL 33314 **DAVIE, FL 33314**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
4101 Ravenswood Road **4101 Ravenswood Road**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 303 **Suite 303**
City & State City & State
Ft. Lauderdale, FL **Ft. Lauderdale, FL**
Zip Country Zip Country
33312 **USA** **33312** **USA**

6. Name and Address of Current Registered Agent
WOODCOCK, TIM
6700 GRIFFIN ROAD
SUITE G
DAVIE, FL 33314

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4101 Ravenswood Road
Suite 303
City
Ft. Lauderdale **FL** Zip Code
33312

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	MR	TITLE	
NAME	WOODCOCK, TIM M.	NAME	
STREET ADDRESS	2630 S.W. 139 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33330	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **1/23/07** **954 321 8605**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #