

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90128 017 \*\*\*150.00

**DOCUMENT # J49077**

1. Entity Name  
COMPUCOUNT BUSINESS SERVICES, INC.



Principal Place of Business  
2225 E. EDGEWOOD  
STE #3  
LAKELAND, FL 33803

Mailing Address  
PO BOX 2568  
EATON PARK, FL 33840

40045260



2. Principal Place of Business - No P.O. Box #  
2225 E Edgewood

3. Mailing Address  
Suite, Apt. #, etc.

01312007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.  
Ste 4

Suite, Apt. #, etc.

4. FEI Number  
59-2752526

Applied For  
Not Applicable

City & State  
Lakeland FL

City & State

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

Zip  
33840

Country  
USA

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOLINARO, BARBARA J.  
4231 THOMAS WOOD LANE SOUTHWEST  
WINTER HAVEN, FL 33880

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]*

Barbara J. Molinaro

3-27-07

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
MOLINARO, BARBARA J.  
4231 THOMAS WOOD LANE SW  
WINTER HAVEN, FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]*

Barbara J. Molinaro

Date

Daytime Phone #

863-665-4481

3-27-07