2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52915

FILED Feb 01, 2009 Secretary of State

Entity Name: COMPUTER SERVICE CONCEPTS, INC.

Current Principal Place of Business:			ness:	New Principal P	New Principal Place of Business:	
	ENWOOD DR SPRINGS, FL		US			
Current M	lailing Addres	ss:		New Mailing Ad	dress:	
	DENWOOD DR SPRINGS, FL		US			
FEI Number	: 59-2760945	FEI Nur	nber Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of C	Current R	Registered Agent:	Name and Addre	ess of New Registered Agent:	
1168 LINĆ	RONALD ENWOOD DR SPRINGS, FL		US			
The above		submits t	his statement for the	purpose of changing its regi	stered office or registered agent, or both,	
in the State	e oi Fiorida.					
in the State	RE:	nic Signat	ure of Registered Ag	ent	Date	
in the State	RE:Electror	_	ure of Registered Ag	ent	Date	
in the State SIGNATUI	RE:Electror	g Trust Fu			Date ANGES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI Election Car OFFICER Title: Name: Address:	RE: Electror mpaign Financing S AND DIREC	g Trust Full TORS:) Delete IALD E /OOD DR	nd Contribution ().		_ 	
in the State SIGNATUI	RE: Electror mpaign Financing S AND DIREC DV () WILLETT, RON 1168 LINDENW TARPON SPRIF	TORS:) Delete IALD E VOOD DR NGS, FL 3.) Delete NDA J VOOD DR	nd Contribution ().	ADDITIONS/CH/ Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron Financing S AND DIREC DV () WILLETT, RON 1168 LINDENM TARPON SPRIF DP () WILLETT, BRE 1168 LINDENM TARPON SPRIF	TORS:) Delete IALD E /OOD DR NGS, FL 3:) Delete NDA J /OOD DR NGS, FL 3:) Delete A L, /OOD DR	nd Contribution (). 4688	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	ANGES TO OFFICERS AND DIRECTORS () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RONALD E WILLETT DV 02/01/2009