FILED
May 01, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K55849

Entity Name
COMPUTER WAREHOUSE OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
555 STATE RD 436 1001 CASSELBERRY, FL 32730	555 STATE RD 436 1001 CASSELBERRY, FL 32730

04092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2936190 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAHER, CINDY
480 EAGLE CIRCLE
CASSELBERRY, FL 32707

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000940827
05/28/08-80081-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MAHER, CINDY
STREET ADDRESS	664 FIELD CLUB CIR
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	V
NAME	MAHER, JIMMY L.
STREET ADDRESS	820 COPPERFIELD TERRACE
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	ST
NAME	MAHER, JAMES R.
STREET ADDRESS	664 FIELD CLUB CIR
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	D
NAME	MAHER, JOEL
STREET ADDRESS	1455 LADY ARMY DR
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cindy Maher 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #