

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K88401**

1. Entity Name  
**BUSINESS COMPUTER CONSULTANTS OF OCALA, INC.**



Principal Place of Business

**3930 NE 8 STREET  
OCALA, FL 34470**

Mailing Address

**3930 NE 8 STREET  
OCALA, FL 34470**

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2947079**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BURGESS, DANIEL T.  
3930 NE 8 STREET  
OCALA, FL 34470**

**DO NOT WRITE  
IN THIS SPACE**

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 resetting)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BURGESS, DANIEL T.
STREET ADDRESS	3930 NE 8 STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	DST
NAME	BURGESS, SUZANNE E.
STREET ADDRESS	3930 NE 8 STREET
CITY-ST-ZIP	OCALA, FL 34470
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000849134  
03/21/08-00008-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*S. E. Burgess*

**S. E. BURGESS**

**3-4-08**

**352-  
629-6168**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #