

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90064 006 ****61.25

DOCUMENT # N02000005504					
1. Entity Name CHARLOTTE COUNTY COMPUTER GROUP CORPORATION					
Principal Place of Business 2280 AARON ST PORT CHARLOTTE, FL 33952			Mailing Address 2280 AARON ST PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0528272	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YVETTE PILCH A 2280 AARON ST. PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name <u>DEMATTEO, LOUIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>2280 AARON ST</u> City <u>PORT CHARLOTTE</u> <u>FL</u> Zip Code <u>33952</u>		
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 <u>Louis Dematteo</u> DATE <u>3/20/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME GEARY, JAMES STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE P NAME BLATT, BILL STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME YVETTE PILCH A STREET ADDRESS 2280 AARON ST. CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE T NAME DEMATTEO, LOUIS STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HURLEY, LARRY STREET ADDRESS 2280 AARON ST. CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE D NAME RIST, LYDIA STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VANOSDOL, LARRY STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME RUGGIERI, TONI STREET ADDRESS 2280 AARON ST CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME DEMATTEO, LOUIS STREET ADDRESS 2280 AARON ST. CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE D NAME PILCH, YVETTE STREET ADDRESS 2280 AARON ST. CITY-ST-ZIP PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: <u>Louis Dematteo</u> <u>Louis Dematteo</u> <u>3/20/2008</u> <u>(941) 276-2790</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					