2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0200005504 1. Entity Name CHARLOTTE COUNTY COMPUTER GROUP CORPORATION							•	5 ****61.25	
Principal Place of Business 2280 AARON ST PORT CHARLOTTE, FL 33952		Mailing Address 2280 AARON ST PORT CHARLOTTE, FL 33	3952						
2 Principal E	Nace of Business - No B.O. Soy #	2 Stailing Address							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				##### U XB ####	its musti co lit co li	12 2010 1 1 1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BILLU DY JERS
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03202008	Chg-NP	CR2E	(12/06)	
City & State		City & State			4. FEI Numbe 05-0528			 	optied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of No	w Registere		
WETTE-	DH-CU-A-		Name -	DEY	MATTE	O hou	116		
YVETTE-PILCH A 2280 AARON ST.			Street A	Street Address (P.O. Box Number is Not Acceptable)					
PORTCH	ARLOTTE, FL 33952		228	2280 ARRON ST					
i.			City F	ORT	CHAR	LOTTE	: F	L Zip Coo	le 5 2
	named entity submits this statement fo	r the purpose of changing its re							
the obligation	tions of registered agent.	~ .					,		
SIGNATURE Como De malles			,				3/2	0/200	Q
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GIGHATORE	Signature, typed or printed name of registered agent		egistered Agent signet	ure required	when refretating)		DATI		0
GIGHATORE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008		aign Financing	uro requirad	\$5.00 May Bo		Make che	ck payable to	0
10.	Filing Fee is \$61.25	end title if applicable. (NOTE: R 9. Election Camps Trust Fund Cor	aign Financing	0	\$5.00 May B	_	Make che Florida Dep	eck payable to artment of S	o tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	end title if applicable. (NOTE: R 9. Election Camps Trust Fund Cor	aign Financing ntribution. 11.		\$5.00 May Bound Added to Fees	NGES TO OF	Make che Florida Dep	eck payable to artment of S	o tate
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CITY-ST-ZIP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Riorida Statutes, I further certify that the information indicated on this report or supplemental report is true and socurate and that my signature shall have the same legal effect as if made under oath; that it 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 AN	D TYPED OR PRINTED NAME OF SIG	Data	Daytime Phone ●		
SIGNATURE	Louis	Dimatter	Louis Dematteo	3/20/2008	(941)276-2790	2