# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2005**
**Secretary of State**

DOCUMENT# N97000006931

**Entity Name:** ASK COMPUTER CENTER, INC.

**Current Principal Place of Business:**

3804 E HANNA AVENUE
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 310642
TAMPA, FL 336800642

**New Mailing Address:**

**FEI Number: 59-3497559** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PHILSON, GALE
3804 E HANNA AVE
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: PHILSON, GALE M
Address: 3804 E HANNA AVE
City-St-Zip: TAMPA, FL 33610 US

Title: DVT ( ) Delete
Name: EVANS, TERRANCE P
Address: 3804 E HANNA AVE
City-St-Zip: TAMPA, FL 336103759 US

Title: D ( ) Delete
Name: JENKINS, LISA
Address: 5814 RUSTIC WOOD LANE
City-St-Zip: DURHAM, NC 27713 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GALE PHILSON DP 04/26/2005

Electronic Signature of Signing Officer or Director — Date