

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90038 045 ***150.00

DOCUMENT # P00000002548					
1. Entity Name THE COMPUTER STORE MANAGEMENT, INC.					
Principal Place of Business 1825 TAMiami TRAIL UNIT B-3 PORT CHARLOTTE, FL 33948			Mailing Address 1825 TAMiami TRAIL UNIT B-3 PORT CHARLOTTE, FL 33948		
2. Principal Place of Business 2465 TAMiami TRAIL Suite, Apt. #, etc.		3. Mailing Address 2465 TAMiami TRAIL Suite, Apt. #, etc.			
City & State PCHARLOTTE FL		City & State PCHARLOTTE FL		4. FEI Number 65-0972610	
Zip 33952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELCHMAN, THOMAS 2248 KENYA LANE PUNTA GORDA, FL 33983			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WELCHMAN, THOMAS 2248 KENYA LN. PUNTA GORDA, FL 33983		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					