


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90034 018 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P00000065215</b>                   |  |
| 1. Entity Name<br>EGAN COMPUTER CONSULTING, INC. |   |

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| Principal Place of Business<br>4580 WILLOW BEND DR.<br>MELBOURNE, FL 32935 | Mailing Address<br>4580 WILLOW BEND DR.<br>MELBOURNE, FL 32935 |
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|--|--|
| 2. Principal Place of Business<br>1300 WORCESTER WAY | 3. Mailing Address<br>1300 WORCESTER WAY |
| Suite, Apt. #, etc.                                  | Suite, Apt. #, etc.                      |
| City & State<br>ROCKLEDGE, FLORIDA                   | City & State<br>ROCKLEDGE, FLORIDA       |
| Zip<br>32955-6749                                    | Country<br>USA                           |



04022004 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>EGAN, VINCENT<br>4580 WILLOW BEND DR.<br>MELBOURNE, FL 32935 |  |
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| 4. FEI Number<br>59-3656748  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

|  |                           |
|--|---------------------------|
| 7. Name and Address of New Registered Agent                              |                           |
| Name   |                           |
| Street Address (P.O. Box Number is Not Acceptable)<br>1300 WORCESTER WAY |                           |
| City<br>ROCKLEDGE  | Zip Code<br>FL 32955-6749 |

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| 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: <i>Vincent Egan</i> VINCENT EGAN PRESIDENT   | DATE: 4/12/04 |

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| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EGAN, VINCENT<br>4580 WILLOW BEND DR.<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1300 WORCESTER WAY<br>ROCKLEDGE, FLORIDA 32955-6749 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EGAN, PATRICIA V.<br>4580 WILLOW BEND DR.<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1300 WORCESTER WAY<br>ROCKLEDGE, FLORIDA 32955-6749 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <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 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 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: <i>Vincent Egan</i> VINCENT EGAN   | DATE: 4/12/04 321-639-9778 |