


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000065262
1. Entity Name
DR. HOUSECALL'S COMPUTER SERVICE, INC.



Principal Place of Business
1713 ANECI STREET
PORT ST LUCIE, FL 34984

Mailing Address
P.O. BOX 3672
FORT PIERCE, FL 34948



04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1027992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOYLMAN, KEITH R
1713 ANECI ST
PORT ST LUCIE, FL FL349-83

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000150504
05/04/04-80009-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLYMAN, KEITH R
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	V
NAME	HOLYMAN, HAZEL A
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	ST
NAME	CROSS, ROSANNA A
STREET ADDRESS	1713 ANECI ST
CITY-ST-ZIP	PORT ST LUCIE, FL 34983
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:  **KEITH HOLYMAN PRESIDENT** 04-28-04 772-878-9304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #