


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000065262**  
 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

**DO NOT WRITE IN THIS SPACE**



07152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-1027992

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

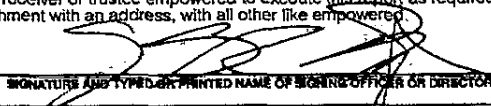
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLYMAN, KEITH R 1713 ANECI ST PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLYMAN, HAZEL A 1713 ANECI ST PORT ST LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CROSS, ROSANNA A 1713 ANECI ST PORT ST LUCIE, FL 34983
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**DO NOT WRITE 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** **7-25-05** **772-878-9304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #