


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90268 047 \*\*\*150.00

<b>DOCUMENT # P00000075262</b>	
<b>1. Entity Name</b> THAT COMPUTER PLACE, INC.	

<b>Principal Place of Business</b> 118 MIDDLE STREET ST #1 LAKE MARY FL 32746	<b>Mailing Address</b> 236 BRISTOL CIRCLE SANFORD FL 32773
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> P.O. Box 954014
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b> Lake Mary, Florida
<b>Zip</b>	<b>Zip</b> 32795-4014
<b>Country</b>	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-3674908	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> GUIDONE, MICHAEL A 236 BRISTOL CIRCLE SANFORD FL 32773	<b>7. Name and Address of New Registered Agent</b> <b>Name</b> Michael A. Guidone <b>Street Address (P.O. Box Number is Not Acceptable)</b> 860 Lake Como Drive <b>City</b> Lake Mary <b>FL</b> <b>Zip Code</b> 32746
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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** *Michael A. Guidone* **DATE** 2/6/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GUIDONE, MICHAEL A 236 BRISTOL CIRCLE SANFORD FL 32773 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Michael A. Guidone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860 Lake Como Dr. Lake Mary, FL 32746
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GUIDONE, CYNTHIA M 236 BRISTOL CIRCLE SANFORD FL 32773 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Cynthia M. Guidone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860 Lake Como Dr. Lake Mary, FL 32746
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Michael A. Guidone* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Michael Guidone **DATE** 2/5/04 **Daytime Phone #** 407-302-0040