

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90021 026 \*\*\*158.75

<b>DOCUMENT # P01000006458</b> 1. Entity Name <b>COMPUTER &amp; COMMUNICATION RECYCLERS, INC.</b>			
Principal Place of Business <b>2653 SLOW FLIGHT DR DAYTONA BEACH FL 32124</b>		Mailing Address <b>2653 SLOW FLIGHT DR DAYTONA BEACH FL 32124</b>	
2. Principal Place of Business <b>2527 CROSS COUNTRY DR</b>		3. Mailing Address <b>2527 CROSS COUNTRY DR</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>DAYTONA BEACH, FL.</b>		City & State <b>DAYTONA BEACH, FL</b>	
Zip <b>32128</b>		Zip <b>32128</b>	
Country <b>Volusia</b>		Country <b>Volusia</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAROVITCH, MARK 2653 SLOW FLIGHT DR DAYTONA BEACH FL 32124</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input type="checkbox"/> Delete <b>MAROVITCH, MARK 2653 SLOW FLIGHT DR DAYTONA BEACH FL 32124</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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.			
<b>SIGNATURE:</b>		<b>MARK MAROVITCH</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3-07-05-346-960-9300</b> Daytime Phone #	