2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015417

City-St-Zip:

ALTAMONTE SPRINGS, FL 32714

FILED Jul 01, 2004 Secretary of State

Entity Name: COMVEST GROUP, INC.				
Current Principal Place of Business:		New Principal Place of	Business:	
100 E SYBE	ELIA AVE			
MAITLAND	, FL 32751			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
100 E SYBE	ELIA AVE			
MAITLAND	, FL 32751			
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
	.L, JOHN P AFRAS AVENUE IE SPRINGS, FL 32714 US	MCDOWELL, MICHAEL 1328 SASSAFRAS AVE ALTAMONTE SPRINGS	NUE	
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.				
SIGNATURE: MICHAEL P. MCDOWELL			07/01/2004	
	Electronic Signature of Registered Age	ent	Date	
	e with s. 607.193(2)(b), F.S., the corporation did no paign Financing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete MCDOWELL, JOHN P 5409 MYRICA RD ORLANDO, FL 32810	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete MCDOWELL, MARK A 1265 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	VP () Delete MCDOWELL, MICHAEL P 1328 SASSAFRAS AVENUE	Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHAEL P. MCDOWELL VP 07/01/2004