


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90028 001 ***150.00

DOCUMENT # P01000020189	
1. Entity Name DE ANGELIS COMPUTER CONSULTING INC.	

Principal Place of Business 12528 BELMONT LAKES DR JACKSONVILLE, FL 32225	Mailing Address 12528 BELMONT LAKES DR JACKSONVILLE, FL 32225
--	--

2. Principal Place of Business 75303 Johnson Lake Rd W Suite, Apt. #, etc.	3. Mailing Address 75303 Johnson Lake Rd W Suite, Apt. #, etc.
---	---

City & State Yulee, FL	City & State Yulee, FL
Zip 32097	Zip 32097
Country USA	Country US

44025150



03182004 Chg-P CR2E034 (10/03)

4. FEI Number 11-2690237	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent DE ANGELIS, DONNA 12528 BELMONT LAKES DR JACKSONVILLE, FL 32225	7. Name and Address of New Registered Agent Name DeAngelis Donna Street Address (P.O. Box Number is Not Acceptable) 75303 Johnson Lake Rd W City Yulee FL Zip Code 32097
---	---

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 Donna DeAngelis **3-26-04**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating). DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE DP NAME DE ANGELIS, DONNA STREET ADDRESS 12528 BELMONT LAKES DR CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE DP NAME DeAngelis Donna STREET ADDRESS 75303 Johnson Lake Rd W CITY-ST-ZIP Yulee FL 32097	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DV NAME DE ANGELIS, ANDREW SR STREET ADDRESS 12528 BELMONT LAKES DR CITY-ST-ZIP JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete	TITLE DV NAME DeAngelis Andrew SR STREET ADDRESS 75303 Johnson Lake Rd W CITY-ST-ZIP Yulee FL 32097	<input checked="" 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
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
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 1-19.07(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: Donna DeAngelis **3-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #