

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000025428

1. Entity Name
INTERSTATE COMPUTERS INC.



Principal Place of Business
1209 SAXON BLVD
STE 2
ORANGE CITY, FL 32763

Mailing Address
1209 SAXON BLVD
STE 2
ORANGE CITY, FL 32763

FILED
Mar 21, 2005 08:00 AM
Secretary of State



03132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704613
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DROOG, CONRAD
1209 SAXON BLVD STE 2
ORANGE CITY, FL 32763

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	LEEK, NEIL
STREET ADDRESS	1209 SAXON BLVD STE 2
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	VT
NAME	DROOG, CONRAD
STREET ADDRESS	1209 SAXON BLVD STE 2
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000270831
03/21/05-80024-007 150.00

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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:

Conrad Droog
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05 3867750929

Date

Daytime Phone #