

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031358

FILED
Sep 08, 2004
Secretary of State

Entity Name: COMPUTER NETWORK PROFESSIONALS, INC

Current Principal Place of Business:

4045 POWELL ROAD
WEST MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

PO BOX 120416
W MELBOURNE, FL 32912

New Mailing Address:

FEI Number: 59-3721986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIEGLER, PATRICIA
4045 POWELL ROAD
WEST MELBOURNE, FL 32904

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZIEGLER, PATRICIA
Address: 4045 POWELL ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: ZIEGLER, ANDREW
Address: 4045 POWELL ROAD
City-St-Zip: WEST MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIA ZIEGLER

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date