

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071077

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: COMPUTER SERVICES OF ORLANDO, INC.

**Current Principal Place of Business:**

244 MAUREEN DRIVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 471051  
LAKE MONROE, FL 32747

**New Mailing Address:**

FEI Number: 59-3731926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTERTRUST HOLDINGS INC.  
244 MAUREEN DRIVE  
SANFORD, FL 32771 US

**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: P ( ) Delete  
Name: PFEIFLER, RAYMOND  
Address: 244 MAUREEN DR.  
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete  
Name: PFEIFLER, CYNTHIA  
Address: 244 MAUREEN DR.  
City-St-Zip: SANFORD, FL 32771

**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 exemption stated in Chapter 119, 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: RAY PFEIFLER

P

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date