

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000079091

Entity Name: IOCOMP SOFTWARE, INC.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6635 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

6635 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 94-3330779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARROLL, MARSHALL J  
6635 HIDDEN BEACH CIRCLE  
ORLANDO, FL 32819 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: CARROLL, MARSHALL J  
Address: 6635 HIDDEN BEACH CIR  
City-St-Zip: ORLANDO, FL 32819

Title: O/D  
Name: CARROLL, PATRICK S  
Address: 14300 PINE CONE TR.  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: MARSHALL CARROLL

PRES

02/11/2011

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

\_\_\_\_\_  
Date