2005 FOR PROFIT CORPORATION

ANNUAL REPORT

Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90172 002 ***150.00 DOCUMENT # P01000109364 COMPUTER SERVICE CENTER OF LAKELAND, INC. Principal Place of Business Mailing Address 50035599 6840 S FLORIDA AVE 6840 S FLORIDA AVE LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business 3. Malling Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3753959 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOLBROOK, JEFFREY T 6840 SOUTH FLORIDA AVENUE Street Address (P.O. Box Number is Not Acceptable) - -LAKELAND, FL 33813 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. [P) TITLE MR. ☐ Delete TITLE Holbrock, Jettrey HOLBROOK, JEFFREY T NAME NAME 1361 THOMASVILLE CIRCLE STREET ADDRESS STREET ADDRESS HIIS OLD COLON LAKELAND, FL 33811 CITY-ST-7IP Wolpsin CITY-ST-ZIP (VP) MR Delete TITLE ⊄ Change ☐ Addition TITLE Hutstedler HUFSTEDLER, JEFFREY M NAME NAME 4115 Old Colony Road 1361 THOMASVILLE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33811 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete ΠDF NAME NAME STREET ADDRESS STREET ADDRESS ÇITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

CITY-ST-ZIP

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NAME STREET ADDRESS

Defete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME





Daytime Phone #

Change

■ Addition

FILED