

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90063 018 ***150.00

DOCUMENT # P02000009767					
1. Entity Name TOWNE COMPUTERS, INC.					
Principal Place of Business 38016 OWANS ST DADE CITY, FL 33523			Mailing Address P.O. BOX 2541 DADE CITY, FL 33526		
2. Principal Place of Business - No P.O. Box # 16025 SE 47th Ave		3. Mailing Address P.O. Box 2541			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Summer Field FL		City & State Dade City FL		4. FEI Number 01-0626665	
Zip 34491		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34491		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWNE, KEVIN 38016 OWANS ST DADE CITY, FL 33523			7. Name and Address of New Registered Agent Name: Kevin Towne Street Address (P.O. Box Number is Not Acceptable): 16025 SE 47th Ave City: Summer Field FL Zip Code: 34491		
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: <u>Kevin Towne</u> <u>Kevin Towne</u> <u>4-29-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME TOWNE, KEVIN STREET ADDRESS 38016 OWANS RD CITY - ST - ZIP DADE CITY, FL 33523	<input type="checkbox"/> Delete		TITLE PRESIDENT / TREASURER NAME TOWNE, KEVIN STREET ADDRESS 16025 SE 47th Ave CITY - ST - ZIP Summer Field FL 34491	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME TOWNE, ANGIE STREET ADDRESS 38016 OWANS RD CITY - ST - ZIP DADE CITY, FL 33523	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that any 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: <u>Kevin Towne</u>			<u>4-29-07</u>		<u>352-585-1177</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>