2005 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P02000030257



TE OLDE COMPOTER SHOPPE, INC.									
Principal Place of Business 3773 CENTRAL AVENUE SUITE A994 ST. PETERSBURG, FL 33713		Mailing Address 3773 CENTRAL AVENUE SUITE A994 ST. PETERSBURG, FL 33713			16711 13711 86 111 86 111 881		0231{ 		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		**	03012005	Chg-P	CR2E0	34 (10/03)	
City & State		City & State			4. FEI Numbe 56-2290		• • •		plied For at Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Requires	litional d
	6. Name and Address of Curren	t Registered Agent		l	7. Name and	Address of New F	legistered A	gent	
				Name					
MNEBRENNER, JACK M 3773 CENTRAL AVENUE ST. PETERSBURG, FL 33713				Street Address (P.O. Box Number is Not Acceptable)					
	·			City			FL	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose of changing	its register	red office or registe	red agent, or both	n, in the State of Flo	orida. Lam I	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered age	nt and liffe if applicable. (N	IOTE: Register	ed Agent signature require	d when reinstating)		DATE		
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FIL! After Ma	E NO W !!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ded to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
тпе	P Delete Titt		LE				☐ Change	☐ Addition	
NAME	WRIGHT, RILEY		_						
STREET ADDRESS CITY-ST-ZIP			EET ADORESS Y-ST-ZIP						
	V .						-	Change	C 4 4 2 1 1 4 -
TITLE NAME	WRIGHT, BONNIE	Detele	TITL					☐ Change	☐ Addition
STREET ADDRESS	1934 CYPRESS AVENUE			EET ADDRESS					
CITY-ST-ZIP	FT. PIERCE, FL 34949		CITY	Y-ST-ZIP					
ШЕ	- -	☐ Delete	TITL	LÉ .				☐ Change	Addition a
NAME			, NA3						
- STREET ADDRESS, City-St-Zip				RET ADORESS Y-ST-ZIP		·			
TITLE		Delete	TITL		•			☐ Change	☐ Addition
NAME		La Describ	NAM					change	
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			CITY	Y-ST-ZIP					
TILE		☐ Delete	TITO					☐ Change	☐ Addition
NAME Street address	}		NAA STD:	ME EET ADDRESS					}
CITY-ST-ZIP				Y-ST-ZIP				,	
MILE		☐ Delete	Τπι	IF.				☐ Change	Addition
NAME			NAM	1					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
or the cor	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address	bowered to execute this repo	ort as recu	emption stated in Se ature shall have the iired by Chapter 60	ection 119.07(3)(i same legal effect 7, Florida Statutes), Florida Statutes, i as if made under s; and that my nam	I further cert oath; that I a le appears ir	ify that the ir m an officer n Block 10 or	nformation or director Block 11 if

3/3/05