## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 08:00 AM Secretary of State

ANNOAL ILLI OILI							
DOCUMENT # P0200  1. Entity Name  COMPUTER CONCEPTS OF I							
Principal Place of Business 3533 ROLLING ACRES PACE, FL 32571	Mailing Address 3533 ROLLING ACRES PACE, FL 32571						

	The state of the s						
DO NOT WRITE IN THIS SPACE		01272005  4. FEI Numbe 01-0693  5. Certificate			Applied For Not Applicable Additional		
6. Name and Address of Current Regis	stered Agent				Fee Re	drited	
D'HERON, GREG L 3533 ROLLING ACRES PACE, FL 32571			DO NOT WRITE IN THIS SPACE				
8. The above named entity submits this statement for the partner of the partner of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title.	·	ed office or regist Agéntsignature requi		h, in the State of Flo	orida. I am familiar	with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing _ \$	5.00 May Be		2	The second	
10. OFFICERS AND DIRE	CTORS				7	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME D'HERON, GREG L 3533 ROLLING ACRES PACE, FL 32571  TITLE NAME STREET ADDRESS CITY-ST-ZIP	· <u>-</u>			U0000 03/10/05	0258346 -80037-011	150.00	
TITLE NAME STREET ADDRESS CITY - ST-ZIP				NOT W			
TITLE NAME STREET ADDRESS CITY - ST- ZIP				THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Commontes your			
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this f	illing does not qualify for the exe	mption stated in	Section 119.07(3)(	i). Florida Statutes	I further certify the	the information	

12. I hereby certify that the information supplied with this filling 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 for 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.

SIGNATURE:

AND TWEED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2005

Daytime Phone #