


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90224 044 \*\*\*150.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # P03000014439</b><br>1. Entity Name<br><b>INFORMATION TECHNOLOGY &amp; COMPUTING SERVICES, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>13704 SW 101 TER<br/>MIAMI, FL 33186</b>  |   |  | Mailing Address<br><b>13704 SW 101 TER<br/>MIAMI, FL 33186</b> |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  |  |  |
| 6. Name and Address of Current Registered Agent   |   |  |  | 7. Name and Address of New Registered Agent  |  |
| BRODDLE, JOY A -<br>13704 SW 101 TER<br>MIAMI, FL 33186   |   |  |  | Name   |  |
|   |   |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |   |  |  | City   |  |
|   |   |  |  | FL 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.<br>SIGNATURE: <u><i>J Broddle</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____  |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DPS<br>BRODDLE, JOY A<br>13704 SW 101 TER<br>MIAMI, FL 33186 <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPT<br>CARNEVALE, ALICIA<br>13704 SW 101 TER<br>MIAMI, FL 33186 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |  |  |  |  |
| <b>SIGNATURE:</b> <u><i>J Broddle</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | 8/31/04<br>Date  |  |  |
|   |   |  | 305-898-3332<br>Daytime Phone #                                |  |  |

**66433208**



08312004 Chg-P CR2E034 (10/03)

4. FEI Number **010763918** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

~~Attachments~~

66433208

# P 3000014439

Florida Department of State

Information Technology and Computing Services  
13704 SW 101 Terrace  
Miami, Florida 33186

To Whom It May Concern:

In April I filed and sent a check for \$150 made payable to Florida Department of State. I never received a letter back saying that it was received so I am writing this letter.

I called (850) 245-6939 and the gentleman informed me that the check did clear and that the proper forms had been filed. He advised me to send another form and mail it to you which I am doing today. Just to be sure that it is received, I am also sending a copy of a receipt for the Annual Report I filed online.

If you have any questions please call me at 305-898-3332

Thank you,  
Joy Broddle  
Information Technology and Computing Services, Inc.

*Attachment*  
*66433208*  
**Division of Corporations**



Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: **P03000014439**

Tracking Number: **800040690788**

The charge for your Annual Report is  
**\$150.00**

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

If you need to make a change, you must return to the Document Number page and start over. A new tracking number will be assigned.

If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the Annual Report, press the CONTINUE button below.

By pressing the CONTINUE button, your Annual Report will be placed in processing and no additional Annual Reports may be filed for this corporation until this one is processed.

Continue

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**Public Access Help**