

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

05 MAR 21 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152005 No Chg-P CR2E034 (10/03)

DOCUMENT # P03000017171

1. Entity Name
KB'S COMPUTER WAREHOUSE INC.



Principal Place of Business
1350 E TENNESSEE ST STE B2B
TALLAHASSEE, FL 32308

Mailing Address
1350 E TENNESSEE ST STE B2B
TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3099704

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAYDEN, CONRAD B
1350 E TENNESSEE ST STE B2B
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAYDEN, CONRAD B
1350 E TENNESSEE ST STE B2B
TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800049351128
03/29/05--01039--006 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: _____

C. Hayden **C. HAYDEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/2005
Date

850-656-7524
Daytime Phone #