## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000021507  1. Entity Name X-PERT IT COMPUTER SOLUTIONS, INC.					04-30-2	2004 90352 02	24 ***1:	58.75	
Principal Place of Business Mailing Address									
9850 TIMBERLAKE DR. EAST JACKSONVILLE, FL 32257  9850 TIMBERLAKE DR. EAST JACKSONVILLE, FL 32257				1					
2. Principal Place of Business 9765 Southbrook DR PO Box 57									
Suite, Apt. #, etc. Suite, Apt. #, etc.				04272004				<del></del> .	
City & State  Sack Sonville, FL Jack Sonville,			FL	4. FEI Numb		6	Applied Not Ap	d For plicable	
32456 USA 3241-7178 Cc			Country USA	5. Certificate	of Status Desired	\$8.7 Fee R	5 Addition equired		
<del> </del>	6. Name and Address of Current F	7. Name and	Address of New F	legistered Agent	<del></del>				
BOLDUC, CAMERON G 9850 TIMBERLAKE DR. EAST				Name Bolduc, Cameron G Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32257			97	65 504	th brook	Drive =	£ 35	08	
			City	1		EI Z	p Code	/	
9. The above	named entity submits this statement for	the nurnose of changing its rec	nistered office or r	Jackson egistered agent or bo		orida Lam familia	r with and	<u>&gt; 6</u>	
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									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND I	DIRECTORS	11.		/CHANGES TO OFF	ICERS AND DIRE	CTORS IN	11	
TITLE	PVST	☐ Delete	TITLE NAME	PVST	1	<b>5</b> .0	nange [	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	BOLDUC, CAMERON G 9850 TIMBERLAKE DR. EAST JACKSONVILLE, FL 32257  STRE			Bolduc, C 9765 Sou Jacksonv	thbrook 1	G. Srive #3 322 <i>56</i>	508		
TITLE		☐ Delete	TITLE		,	□ C	hange 🗀	Addition	
NAME	4		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		,			-	
TITLE		☐ Delete	TITLE			c	hange [	Addition	
NAME			NAME .			- · - · - ·			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE	Male Abrah Tari	☐ Delete	TITLE			Пс	hange [	Addition	
NAME		C Delete	NAME			٦٠	g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			П.	hange ["	Addition	
TITLE NAME		☐ Delete	TITLE NAME				nanys (_	1 Addition	
STREET ADDRESS			STREET ADDRESS		*			ļ	
CITY-ST-ZIP		<b>—</b>	CITY-ST-ZIP				hange [	Addition	
TITLE NAME		☐ Delete	TITLE Name				nange L	) Acception	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		www.	CITY-ST-ZIP						
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.									
SIGNATURE: Compan Bolder Cameron Bolder 4/30/04 904-880-2069 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR  Date Daysime Phone #									
SIGITAL	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime F	*hone #		