2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-26-2004 91130 001 ***600.00

DOCUMENT # P03000034284

1. Entity Name
JUST COMPUTERS INC

66421555

Principal Place of Business	Mailing Address
PO BOX 4279 CLEARWATER, FL 33758	PO BOX 4279 CLEARWATER, FL 33758

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc. PO Box 7625	Suite, Apt. #, etc. PO Box 7625
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33758 Country USA	Zip 33758 Country USA

01082004 Chg-P CR2E034 (10/03)

4. FEI Number 20-1100163 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OROURKE, LINDA D 1437 S MISSOURI AVE CLEARWATER, FL 33756	Name Jenkins-ORourke, Linda D Street Address (P.O. Box Number is Not Acceptable) 1437 S. Missouri Ave City Clearwater FL Zip Code 33756

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] Linda Jenkins ORourke 4/21/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OROURKE, PATRICK M 1701 MARION ST CLEARWATER, FL 33756	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT OROURKE, LINDA 1701 MARION ST CLEARWATER, FL 33756	Delete	TITLE PD NAME Jenkins-ORourke, Linda D. STREET ADDRESS 1437 S. Missouri Ave CITY-ST-ZIP Clearwater, FL 33756	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] Linda Jenkins ORourke 4/21/04 7274499311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #