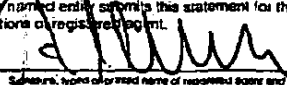
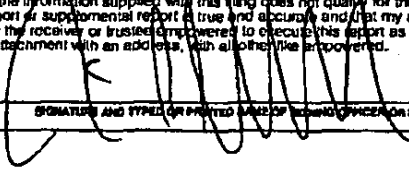


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State

04-28-2004 90260 003 ***150.00

DOCUMENT # P03000113153			
1. Entity Name ALACHUA COMPUTER DOCTOR & CLINIC, INC.			
Principal Place of Business 14521 MAIN STREET ALACHUA, FL 32615		Mailing Address PO BOX 804 ALACHUA, FL 32616	
2. Principal Place of Business		3. Mailing Address 14521 MAIN ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ALACHUA	
Zip	Country	Zip 32615	Country
4. FEI Number 42-1606292		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	
MACDOUGALL, JERRY 14521 MAIN STREET ALACHUA, FL 32615		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.			
SIGNATURE 		DATE 4/27/04	
FILE NOW! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		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-STATE-ZIP ☐ Delete	P. MACDOUGALL, JERRY PO BOX 804 ALACHUA, FL 32616	☒ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP 14521 MAIN ST ALACHUA FL 32615	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		☐ Change ☒ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP JERRY MACDOUGALL 14521 MAIN ST ALACHUA FL 32615	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 addenda, with all other like information.			
SIGNATURE: 		DATE 4/27/04 386-462-2965	