FILED
Jun 15, 2004 8:00 am
Secretary of State
04-28-2004 90260 003 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113153

1. Entity Name
ALACHUA COMPUTER DOCTOR & CLINIC, INC.

66428158

Principal Place of Business	Mailing Address
14521 MAIN STREET ALACHUA, FL 32615	~~PO BOX 804~~ ALACHUA, FL 32616

04272004 Chg-P CR2E034 (10/03)

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 42-1606282 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MACDOUGALL, JERRY
14521 MAIN STREET
ALACHUA, FL 32615

7. Name and Address of New Registered Agent
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: [signature] DATE: 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P MACDOUGALL, JERRY ~~PO BOX 800~~ ALACHUA, FL ~~32616~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14521 MAIN ST ALACHUA FL 32615	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY CECILE MACDOUGALL 14521 MAIN ST ALACHUA FL 32615	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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] 4/27/04 386-462-2965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #