

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-03-2004 90682 013 ***150.00

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1. Entity Name

CBC COMPUTER SYSTEMS INC.



Principal Place of Business

**455 DOUGLAS AVE STE 2155-31
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**122 NIAGARA STREET ST
ST.ATHARINES ON CANADA 32R -4L4**

ST. CATHARINES ON CANADA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0589535

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

**KAMINSKY, ALBERT D
455 DOUGLAS AVE STE 2155-31
ALTAMONTE SPRINGS FL 32714**

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

(NOTE: Registered Agent signature required when restate)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 ☐ Delete

**D
NAME
PARTRIDGE, WALLACE C
STREET ADDRESS
122 NIAGARA STREET
CITY-ST-ZIP
ST CATHARINES ON CANADA L2R -4L4**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**D
NAME
PARTRIDGE, WARD C
STREET ADDRESS
122 NIAGARA STREET
CITY-ST-ZIP
ST CATHARINES ON CANADA L2R -4L4**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ 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:

W. Partridge PRESIDENT

4.26.04

(905) 684-6881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone