

2005 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVED
7/7/2005-90079-011 \$150.00-\$150.00
FILED

05 AUG 30 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000063103					
1. Entity Name DAVE'S COMPUTER RECYCLING INC.					
Principal Place of Business 2514 SHANNON RD. ORLANDO, FL 32806			Mailing Address 2514 SHANNON RD. ORLANDO, FL 32806		
2. Principal Place of Business 6440 PINECASTLE BLVD			3. Mailing Address 2514 SHANNON RD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 07012005	
Zip 32806	Country ORANGE	Zip 32806	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASSITER, DAVID 2514 SHANNON RD. ORLANDO, FL 32806				7. Name and Address of New Registered Agent Name DAVID LASSITER Street Address (P.O. Box Number is Not Acceptable) 2514 SHANNON RD City ORLANDO FL 32806	
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 <u>David Lassiter</u> DATE <u>7/3/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LASSITER, DAVID 2514 SHANNON RD. ORLANDO, FL 32806 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	03/07/05-01016-003 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600059382556 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/07/05-01016-003 **\$400.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Eckel AUG 30 2005 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>David Lassiter</u> <u>David Lassiter</u>			DATE <u>7/3/05</u> DAYTIME PHONE # <u>407-443-6227</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		