


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000102559	
1. Entity Name INTEK COMPUTERS OF CENTRAL FLORIDA, INC.	

Principal Place of Business 9645 E COLONIAL DR ORLANDO, FL 32817	Mailing Address 9645 E COLONIAL DR ORLANDO, FL 32817
--	--

DO NOT WRITE IN THIS SPACE



09042007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3167155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKS, SCOT 2509 N ALAFAYA TRIAL APT16 ORLANDO, FL 32826
--

DO NOT WRITE
IN THIS SPACE

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEY, DAMIAN 3282 S SEMORAN BLVD ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROOKS, SCOT 2509 N ALAFAYE TRIAL APT 16 ORLANDO, FL 32826
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000773533
09/07/07-80002-017 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #