

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000123877

1. Entity Name  
COMPUTERS AND MORE AT INDRIIO, INC



Principal Place of Business

4840 N KINGS HWY  
FT PIERCE, FL 34951

Mailing Address

4840 N KINGS HWY  
FT PIERCE, FL 34951



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3385668

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, JOSEPH F  
7105 SANTA ROSA PARKWAY  
FT PIERCE, FL 34951

**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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME JONES, JOSEPH  
STREET ADDRESS 7105 SANTA ROSA PKWY  
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE V  
NAME DOSS, MILES  
STREET ADDRESS 151 EBER RD APT 101  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE T  
NAME JONES, VIOLA  
STREET ADDRESS 7105 SANTA ROSA PKWY  
CITY-ST-ZIP FORT PIERCE, FL 34951

TITLE S  
NAME DOSS, KRISTY  
STREET ADDRESS 151 EBER RD APT 101  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000610051  
02/02/07-80005-018 150.00

**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

1/26/07 772-468-5955  
Date Daytime Phone #