2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026047

Address:

City-St-Zip:

P O BOX 1762

NAPLES, FL 34106 US

Entity Name: COMPUTER REPAIR & MORE, INC.

FILED May 03, 2007 Secretary of State

•		· · · · · · · · · · · · · · · · · · ·				
Current P	rincipal Plac	e of Business:	New Princi	New Principal Place of Business:		
	DEN GATE P	KWY				
#101 NAPLES, I	FL 34105	US				
Current M	lailing Addre	ess:	New Mailir	New Mailing Address:		
1460 GOL	DEN GATE P	KWY				
#101 NAPLES, I	FL 34105	US				
FEI Number:	: 20-4411224	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
SCHIFF, M 1203 GOV #101	MARK ÆRNORS SC	UARE BLVD		WATTS, KENNETH 1460 GOLDEN GATE PKWY #101		
TALLAHASSEE, FL 32301 US			NAPLES, F	NAPLES, FL 34105 US		
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing it	s registered off	ice or registered agent, or both,	
SIGNATUR	RE: KENNE	TH WATTS		05/03/2007		
	Electro	onic Signature of Registered Age	ent		Date	
		93(2)(b), F.S., the corporation did no	t receive the prior notice).		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (WATTS, KENI P O BOX 176 NAPLES, FL	2	Title: Name: Address: City-St-Zip:	()(Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (ADRIANZEN, P O BOX 176 NAPLES, FL	2	Title: Name: Address: City-St-Zip:	VP (X) 0 WATTS, KENNET P O BOX 1762 NAPLES, FL 34		
Title: Name: Address: City-St-Zip:	TRSR (WATTS, KENI P O BOX 176 NAPLES, FL	2	Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name:	SCTR (WATTS, KENI) Delete NETH	Title: Name:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KENNETH WATTS P 05/03/2007