# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2009**
**Secretary of State**

DOCUMENT# P06000132107

**Entity Name:** COMPLETE MICROSYSTEMS INC.

**Current Principal Place of Business:**

7300 DEMENS DR. S.
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

8862 C/R 476
BUSHNELL, FL 33513 US

**Current Mailing Address:**

P.O. BOX 11354
ST. PETERSBURG, FL 33733 US

**New Mailing Address:**

P.O. BOX 62
NOBLETON, FL 34661 US

**FEI Number: 20-5722140** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PFEIFFER, CYNTHIA J
1485 S. PRESCOTT AVE.
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete
Name: AUCREMANN, JASON
Address: 7300 DEMENS DR. S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTSD (X) Change ( ) Addition
Name: AUCREMANN, JASON
Address: 8862 C/R 476
City-St-Zip: BUSHNELL, FL 33513 US

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.

SIGNATURE: JASON AUCREMANN PTSD 01/18/2009

Electronic Signature of Signing Officer or Director Date