2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90015 039 ***150.00

DOCUMENT # P07000064731

1. Entity Name
COMPUTER CENTERS USA, INC.

Principal Place of Business
~~7011 ALICO RD.~~ 14261 S. TAMIAMI TRAIL UNIT 4
FT. MYERS, FL 33912

Mailing Address
COSTELLO & ROYSTON, LLP, P.O. BOX 60205
FT. MYERS, FL 33906

40035418

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. c/o JOHN M. WICKER, P.A. P.O. DRAWER 60205	
City & State		City & State FORT MYERS, FL 33906	
Zip	Country	Zip	Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0279837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROYSTON, ROBERT D. JR. 12670 NEW BRITTANY BLVD., STE. 101 COSTELLO & ROYSTON, LLP FT. MYERS, FL 33907	JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 Zip Code

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] 2/26/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST SPEZZA, PETER 19237 LA SERENA DR. FT. MYERS, FL 33967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #