

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

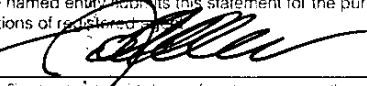
02-29-2008 90015 039 ***150.00

DOCUMENT # P07000064731		
1. Entity Name COMPUTER CENTERS USA, INC.		

Principal Place of Business 7011 ALCO RD. 14261 S. TAMIAH TRAIL UNIT 4 FT. MYERS, FL 33912	Mailing Address COSTELLO & ROYSTON, LLP, P.O. BOX 60205 FT. MYERS, FL 33906
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. elo	
City & State		City & State JOHN M. WICKER, P.A.	
Zip		Zip	
Country		Country	

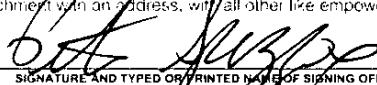
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D. JR. 12670 NEW BRITTANY BLVD., STE. 101 COSTELLO & ROYSTON, LLP FT. MYERS, FL 33907		7. Name and Address of New Registered Agent JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907	
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8. 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 	DATE 2/26/08

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
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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
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Document Page #
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40035418



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
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