


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90772 021 \*\*\*150.00

<b>DOCUMENT # P93000044119</b> 1. Entity Name <b>COMPUTERS FOR PRODUCTIVITY SERVICES CORPORATION</b>					
Principal Place of Business <b>261 NW 46 ST BOCA RATON, FL 33431</b>			Mailing Address <b>261 NW 46 ST STE 139 BOCA RATON, FL 33431</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 273388</b>  Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>65-0421677</b>	
Zip <b>33427-3388</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TUGGLE, WILLIAM G 261 NW 46 ST BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD TUGGLE, WILLIAM G 261 NW 46 ST BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STUART, GRACELYN V 261 NW 46 ST BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>William Tuggle</u> <b>Pres</b> <u>4/28/04</u> <u>561-395-5959</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # <u>WILLIAM TUGGLE</u>					