## ANNUAL REPORT

## **FILED** DOCUMENT # P95000014055 Mar 04, 2004 08:00 AM Secretary of State COMPONENT SOFTWARE CORPORATION Mailing Address Principal Place of Business 4105 SALTWATER BLVD. 4105 SALTWATER BLVD. **TAMPA, FL 33615** TAMPA, FL 33615 03012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3301987 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STUART, JEFFREY W DO NOT WRITE 4105 SALTWATER BLVD TAMPA, FL. 33615 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTC TITLE U00000075914 NAME STUART, JEFFREY W 03/04/04-80005-015 150.00 STREET ADDRESS 4105 SALTWATER BLVD. CITY-ST-ZIP TAMPA, FL 33615 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Jeffer. Aware

PRESIDENT

3/1/104

817-885 762K

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