

2004 / FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000063809

1. Entity Name
APPLIED COMPUTING SOLUTIONS, INC.



Principal Place of Business
**848 E. COLLEGE AVENUE
#1
TALLAHASSEE, FL 32301**

Mailing Address
**838 GREYTHORN LANE
TALLAHASSEE, FL 32301**

FILED
04 APR 16 PM 12:23

2. Principal Place of Business

3. Mailing Address

848 E. College Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

32301

Country

USA

04022004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3347549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAKARIGI, DUBRAVKO
848 E. COLLEGE AVE., #1
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **KAKARIGI, DUBRAVKO**
STREET ADDRESS **848 E. COLLEGE AVENUE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE **D** ☒ Delete
NAME **BRADLEY, DIANN**
STREET ADDRESS **838 GREYTHORN LANE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400033723114
04/23/04--01023--007 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Diann Bradley **Diann Bradley**

3.29.04

850-877-5280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #