

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90064 008 ***150.00

DOCUMENT # P95000093551

1. Entity Name
COMPUTER SERVICES FOR BUSINESS, INC.



Principal Place of Business
**670 N. ORLANDO AVE.
SUITE 102
MAITLAND, FL 32751 US**

Mailing Address
**670 N. ORLANDO AVE.
SUITE 102
MAITLAND, FL 32751 US**

40048411

2. Principal Place of Business - No P.O. Box #
225 S. SWOPE AVE.

3. Mailing Address
225 S. SWOPE AVE.

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

03282007 Chg-P CR2E034 (12/06)

City & State
Maitland FL

City & State
Maitland FL

4. FEI Number
59-3349735

Applied For
Not Applicable

Zip
32751-5786 Country

Zip
32751-5786 Country

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

**LAROCHE, JEFFREY
670 N. ORLANDO AVE.
STE 102
MAITLAND, FL 32751**

Name
LAROCHE, JEFFREY

Street Address (P.O. Box Number is Not Acceptable)
225 S. SWOPE AVE

Suite 111

City
Maitland

FL

Zip Code
32751-5786

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$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
**PS
LAROCHE, JEFFREY
1293 WELLINGTON TERRACE
MAITLAND, FL 32751** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-2007 407-647-2054