## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

## Jul 12, 2004 08:00 AM **DOCUMENT # P96000001004 Secretary of State** 1. Entity Name THE COMPUTER TAILORS, INC. Principal Place of Business Mailing Address 20034 OCEAN KEY DRIVE 20034 OCEAN KEY DRIVE BOCA RATON, FL 33498 BOCA RATON, FL 33498 07072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0634327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Remired 6. Name and Address of Current Registered Agent KENNON, MAUREEN H DO NOT WRITE 2499 GLADES ROAD **SUITE 313** IN THIS SPACE BOCA RATON, FL 33431 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. DATE (NOTE Registered Agent planeture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE DATZ, LOUIS NAME 20034 OCEAN KEY DRIVE STREET ADDRESS BOCA RATON, FL 33498 000000165396 07/12/04-80011-025 150.00 CITY ST. 782 TITLE DATZ, MINDY NAME STREET ADDRESS 20034 OCEAN KEY DR BOCA RATON, FL 33498 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT<u>E</u> NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I Turther 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 certify 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.

SIGNAL OFFICER OR DIRECTOR

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