

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90094 020 \*\*\*150.00

**DOCUMENT # P97000002139**

1. Entity Name  
FLORIDA COMPUTER EXCHANGE, INC.



Principal Place of Business

2126 VIOLA DR.  
200  
CLEARWATER, FL 33764 US

Mailing Address

2126 VIOLA DR.  
200  
CLEARWATER, FL 33764 US



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3420604

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VIGLIONE, ERIC J  
2126 VIOLA DR.  
SUITE 200  
CLEARWATER, FL 33764

*VIGLIONE, ERIC J*

**DO NOT WRITE  
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

*Eric J. Viglione President*

*3/8/2005*

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DS  
NAME VIGLIONE, ERIC J  
STREET ADDRESS 2126 VIOLA DR.  
CITY-ST-ZIP CLEARWATER, FL 33764

*VIGLIONE, ERIC J*

TITLE S  
NAME VIGLIONE, LISA  
STREET ADDRESS 2126 VIOLA DR.  
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Eric J. Viglione*

*ERIC J VIGLIONE*

*3/10/05*

*727*

*531-2333*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #