

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000077534 1. Entity Name COMPUTER DATA NETWORKS PARTNERS, INC.	
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Principal Place of Business 730 CREATIVE DRIVE SUITE 1 LAKELAND, FL 33813	Mailing Address 730 CREATIVE DRIVE SUITE 1 LAKELAND, FL 33813
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3465524	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CROSBY, SAMUEL G ESQUIRE 2323 SOUTH FLORIDA AVENUE LAKELAND, FL 33803

**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 _____
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCORKLE, PHILIP 6322 TIMUCUANS DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD WEINSTOCK, ROGER 6104 MOUNTAIN LAKE DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDC COYLE, TIMOTHY 1721 DANA PLACE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/07-80042-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **PHILIP MCCORKLE** **2/9/07** **863-644-2236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #