

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90061 036 \*\*\*150.00

<b>DOCUMENT # P99000010312</b>	
1. Entity Name FUTURE COMPUTER SYSTEMS, INC.	



Principal Place of Business 4372 SOUTHSIDE BLVD SUITE 203 JACKSONVILLE, FL 32216	Mailing Address 4372 SOUTHSIDE BLVD SUITE 203 JACKSONVILLE, FL 32216
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40029689



2. Principal Place of Business - No P.O. Box # 4490 SOUTHSIDE BLVD	3. Mailing Address 4490 SOUTHSIDE BLVD
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State JACKSONVILLE FL 32256	City & State JACKSONVILLE FL 32256
Zip 32256	Country USA

02072007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3562252	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  OLSON, JAMES R 4372 SOUTHSIDE BLVD SUITE 203 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name OLSON, JAMES R Street Address (P.O. Box Number is Not Acceptable) 4490 SOUTHSIDE BLVD SUITE 100 City JACKSONVILLE FL Zip Code 32256
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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 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSON, J. ROBERT 4372 SOUTHSIDE BLVD. #203 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4490 SOUTHSIDE BLVD SUITE 100 JACKSONVILLE FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #