

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90023 027 ***150.00

DOCUMENT # S33881

1. Entity Name
COMPUTER SOLUTIONS CENTER, INC.



Principal Place of Business
**1950 SW PALM CITY RD 7107
STUART, FL 34994 US**
**2680 SW Greenwich Way
Palm City, FL 34990**

Mailing Address
**1950 SW PALM CITY RD 7107
STUART, FL 34994 US**
**2680 SW Greenwich Way
Palm City, FL 34990**



2. Principal Place of Business
2680 SW Greenwich Way
Suite, Apt. #, etc.

3. Mailing Address
2680 SW Greenwich Way
Suite, Apt. #, etc.

City & State
Palm City, FL
Zip
34990
Country
USA

City & State
Palm City, FL
Zip
34990
Country
USA

02072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0249275
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WACKER, ROBERT A.
1229 SW SEAHAWK WAY
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **3/9/05**
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
NAME **PD WACKER, JERRY E** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1950 SW PALM CITY RD 7107
STUART, FL 34994**

TITLE
NAME **STD WACKER, PATRICIA** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **1950 SW PALM CITY RD 7107
STUART, FL 34994**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD WACKER, Jerry E** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **2680 SW Greenwich Way
Palm City, FL 34990**

TITLE
NAME **STD WACKER, Jerry Patricia** ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP **2680 SW Greenwich Way
Palm City, FL 34990**

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

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

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

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

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05 Date **(772) 223-7255** Daytime Phone #