


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # S84386	
1. Entity Name MUSTANG COMPUTERS & SUPPLIES, INC.	

Principal Place of Business 7130 W MCNAB ROAD TAMARAC, FL 33321 US	Mailing Address 7130 W MCNAB ROAD TAMARAC, FL 33321 US
--	--



03032006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0287406	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**

HALEY, KENNETH  
7130 W. MCNAB ROAD  
TAMARAC, FL 33321

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 STREET ADDRESS CITY-ST-ZIP	PSTD HALEY, KEN 11620 NW 32 MANOR SUNRISE, FL 33323
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000472249  
03/29/06-80030-005 150.00

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KENNETH HALEY 3/10/06 254-722-3231  
PRESIDENT