


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90034 046 ***150.00

DOCUMENT # V09702	
1. Entity Name COMPUTER INTERNATIONAL CONSULTANTS, INC.	

Principal Place of Business 109 FIFTH STREET EAST TIERRA VERDE, FL 33715 US	Mailing Address 109 FIFTH STREET EAST TIERRA VERDE, FL 33715 US
---	---

54027305



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3101465	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

**MITCHELL, LINDA M MS.
109 5TH STREET EAST
TIERRA VERDE, FL 33715**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MITCHELL, MICHAEL R MR. <i>Remove</i>
STREET ADDRESS	4502 WYNKOOP CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33048
TITLE	PST
NAME	MITCHELL, LINDA M MS.
STREET ADDRESS	109 5TH STREET EAST
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	V
NAME	MITCHELL, HELEN M MRS.
STREET ADDRESS	4502 WYNKOOP CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
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 empowerment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda M. Mitchell **LINDA M. MITCHELL** **4/2/04** **727 865 9701**