## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2004 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State					
1. Entity Name	MENT # V44578 TED COMPUTING, INC.				04-05-20	004 90035	018 ***1	150.00	
Principal Place of Business Mailing Address			•		440	24383			
		2950 ALOMA AVE		44024909					
#405 #405 WINTER PARK, FL 32792 US WINTER PARK, FL 32792		US							
WINTER FARE	N, FL 32/92 US	WHITEK FARK, IL 32/32	03			BH BHÍL DIÐN BUST		S1    110	
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04012004	Chg-P	CR2E03	34 (10/03)		
#300   1 City & State		#300 City & State	City & State				I Ann	plied For	
Oily & State							t Applicable		
Zip _,	Country	Zip	Country	5 Certificate o	f.Status Desired	<u>(</u> ).	8.75 Addi	itional	
	C Name and Address of Correct	Basistand Assat			Address of New	-	ee Required		
	6. Name and Address of Current	Name	7. Name and 7	duress or New	negistereu A	yent			
SCOTT, DAVID L.				(5.0.5)					
2950 ALOMA AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
#405 WINT'ER PARK, FL 32792			#300			-			
4			City				Zip Code	····	
*.  8. The above named entity submits this statement for the purpose of changing its registe						<u> </u>			
8. The above the ablicat	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or regist	ered agent, or both	, in the State of F	-lorida. I am fa	amiliar with, a	and accept	
						4),1	04		
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requi	red when (einstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Trust Fund Contrib		5.00 May Be				110	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OF	FFICERS AND	DIRECTORS	5 IN 11	
TITLE	Р	☐ Delete	TITLE				☐ Change	Addition	
NAME	SCOTT, DAVID L.		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	2950 ALOMA AVE WINTER PARK, FL 32792		CITY-ST-ZIP						
TITLE	771171217777777	☐ Delete	TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			☐ Change	Addition	
NAME		Delete	NAME	•					
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		□ Delete	TITLE NAME				- Change	. Addition	
NAME STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
		☐ Delete	TITLE				Change	Addition	
TITLE NAME		□ Delete	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		- department of the second	CITY-ST-ZIP						
TITLE '		Delete	TITLE			- سامنی	☐ Change	Addition	
NAME STREET ADDRESS	·- · · · -	pre a	NAME - STREET ADDRESS		- •		÷		
CITY-ST-ZIP			CITY-ST-ZIP						
40 10		Latera de la capación facilita	a avamation stated in	Section 110 07/3)/i	) Elorida Statuta	e I further cert	tify that the in	nformation	

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 he 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

4/1/04

407-471-227

Daytime Phone #