

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90004 005 \*\*\*150.00

**DOCUMENT # V49288**

1. Entity Name  
**GLOBAL COMPUTER CONCEPTS, INC.**



Principal Place of Business  
4409 SE 16 PL  
SUITE 9  
CAPE CORAL, FL 33904

Mailing Address  
4409 SE 16 PL  
SUITE 9  
CAPE CORAL, FL 33904

**50000496**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0337918**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EZELLE, CHARLES E., II  
4409 SE 16 PL  
SUITE 9  
CAPE CORAL, FL 33904

Name  
**CHARLES R. EZELLE II**  
Street Address (P.O. Box Number is Not Acceptable)  
**5310 CORONADO PARKWAY**

City **CAPE CORAL** **FL** Zip Code **33904**

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

*Charles R. Ezelle II*

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 **P** ☐ Delete  
NAME **EZELLE, CHARLES R., II**  
STREET ADDRESS **5301 CORTEZ CT**  
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **ST** ☐ Delete  
NAME **EZELLE, SHIRLEY R**  
STREET ADDRESS **4409 SE 16TH PL #9**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE **VP** ☒ Delete  
NAME **CHARLES R EZELLE**  
STREET ADDRESS **5301 CORTEZ COURT**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5310 CORONADO PARKWAY**  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Charles R. Ezelle II*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES R. EZELLE II** President 1/5/05 239-945-6225

Date

Daytime Phone #