

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000022946

1. Entity Name
MISSION CRITICAL SYSTEMS INC.



Principal Place of Business
1347 EAST SAMPLE ROAD
SUITE 3
POMPANO BEACH, FL 33064-6278 US

Mailing Address
1347 EAST SAMPLE ROAD
SUITE 3
POMPANO BEACH, FL 33064-6278 US



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0736750

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRABTREE, SUSAN J
1347 EAST SAMPLE ROAD
SUITE 3
POMPANO BEACH, FL 33064-6278

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CRABTREE, SUSAN
1347 EAST SAMPLE RD SUITE 3
POMPANO BEACH, FL 33064

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
DARDEN, FRANK
1347 EAST SAMPLE RD SUITE 3
POMPANO BEACH, FL 33064

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

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08/25/04-80003-022 150.00

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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)(b), 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

Susan Crabtree

DATE

8-7-04

DAYTIME PHONE #

(954) 788-7110