

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000053849

1. Entity Name
INTEGRATED FACILITY SYSTEMS, INC.



Principal Place of Business
**629 WEST BREVARD ST.
TALLAHASSEE, FL 32304**

Mailing Address
**629 WEST BREVARD ST.
TALLAHASSEE, FL 32304**

DO NOT WRITE IN THIS SPACE



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3522598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, CHARLES L JR
3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309**

**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
Due by September 14, 2007**

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
**PD
KEARNEY, KELLY C
7001 DUCK COVE RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KEARNEY, CHRISTOPHER W
7001 DUCK COVE RD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MATEO, JORGE
1611 MILTON ST
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000765761
06/04/07-80003-021 150.00

**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 #

5-31-07 8505360888