2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 423297

1. Entity Name
SYSTEMS ANALYSIS OF TAMPA, INC.

Principal Place of Business	Mailing Address
1202 PARRILLA DE AVILA TAMPA, FL 33613 US	1202 PARRILLA DE AVILA TAMPA, FL 33613 US

DO NOT WRITE IN THIS SPACE

04182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1706968	Not Applicable

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

6. Name and Address of Current Registered Agent

TSOKOS, CHRIS P.
1202 PARRILLA DE AVILA
TAMPA, FL 33613

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, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U00000320194 04/21/05-80028-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	TSOKOS, CHRIS P.
STREET ADDRESS	1202 PARRILLA DE AVILA
CITY-ST-ZIP	TAMPA, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _~~Chris P. Tsokos~~_ President 4-18-05 (813) 961-1992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #