

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90057 003 ***150.00

DOCUMENT # 496902	
1. Entity Name MICRO SYSTEMS, INC.	

Principal Place of Business 35 HILL AVE FORT WALTON BEACH FL 32548 US	Mailing Address 35 HILL AVE FORT WALTON BEACH FL 32548 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-1654615	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, LARRY W 35 HILL AVE FORT WALTON BEACH FL 32548		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	CD	<input type="checkbox"/> Delete		TITLE	C	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, LARRY W.			NAME	Cooper, Larry W.		
STREET ADDRESS	320 E HWY 98 #1201			STREET ADDRESS	320 E HWY 98 #1201		
CITY-ST-ZIP	DESTIN FL			CITY-ST-ZIP	Destin, FL		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERGUSON, THOMAS, JR.			NAME	Ferguson, Thomas, JR.		
STREET ADDRESS	2005 S WIND TRACE RD			STREET ADDRESS	27 Bay Dr. SE		
CITY-ST-ZIP	NAVARRE FL			CITY-ST-ZIP	Fort Walton Beach, FL		
TITLE	VSTD	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PROCTOR, CORTEZ A.			NAME	Proctor, Cortez A.		
STREET ADDRESS	1542 GLENLAKE CIRCLE			STREET ADDRESS	1542 Glenlake Circle		
CITY-ST-ZIP	NICEVILLE FL			CITY-ST-ZIP	Niceville, FL		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Cort Proctor Cort Proctor 02/12/04 850-244-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #