

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F00000000323

1. Entity Name  
OFFICE SYSTEMS SUPPORT INC.



Principal Place of Business  
12014 NORTHUMBERLAND DR.  
TAMPA, FL 33626

Mailing Address  
12014 NORTHUMBERLAND DR.  
TAMPA, FL 33626

**FILED  
Mar 14, 2005 08:00 AM  
Secretary of State**



02272005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3766524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MAHONEY, KEVIN  
12014 NORTHUMBERLAND DR.  
TAMPA, FL 33626

**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

10. OFFICERS AND DIRECTORS

TITLE CP  
NAME MAHONEY, KEVIN  
STREET ADDRESS 12014 NORTHUMBERLAND DR.  
CITY-ST-ZIP TAMPA, FL 33626

0000000261793  
03/14/05-80026-010 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 11 2005 813-814-4095  
Date Daytime Phone #