



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90034 020 ***150.00

DOCUMENT # F00000004782 1. Entity Name SARCOM DESKTOP SOLUTIONS, INC.					
Principal Place of Business 8337-A GREEN MEADOWS DR N LEWIS CENTER, OH 43035			Mailing Address 8337-A GREEN MEADOW DR N LEWIS CENTER, OH 43035		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFS ILER, KEVIN <input checked="" type="checkbox"/> Delete 8337-A GREEN MEADOW DR N LEWIS CENTER, OH 43035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWEET, CHUCK <input type="checkbox"/> Delete 638 CARRIAGE HILL LANE BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 856 Havana Dr Boca Raton, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STURGEON, JEFF <input type="checkbox"/> Delete 8337-A GREEB MEADOWS DR N LEWIS CENTER, OH 43035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8337-A Green meadows dr N.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILCOX, JAMES R <input type="checkbox"/> Delete 8405 PULSAR PLACE COLUMBUS, OH 43240		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, KEVIN <input type="checkbox"/> Delete 1191 TILM RD CHARLOTTESVILLE, VA 22901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paula Miller 8337-A Green meadows dr N. Lewis Center, OH 43035	
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:  PAULA L. MILLER CFO/COO 2/3/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					