

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000006518**

1. Entity Name  
SYSTEAM OF ALABAMA, INC.



Principal Place of Business  
1804 HWY 231 SOUT  
LACEYS SPRING, AL 35754

Mailing Address  
1804 HWY 231 SOUT  
LACEYS SPRING, AL 35754



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
64-0664197

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	VTSD
NAME	SHANNON, KEVIN J
STREET ADDRESS	1804 HWY 231 S.
CITY-ST-ZIP	LACEYS SPRING, AL 35754
TITLE	D
NAME	HORVATH, LEROY
STREET ADDRESS	281 ANDES DRIVE
CITY-ST-ZIP	GLEN CARBON, IL 62034
TITLE	PDC
NAME	TAYLOR, STEVE
STREET ADDRESS	1804 HWY 231 S.
CITY-ST-ZIP	LACEYS SPRING, AL 35754
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000716636  
04/30/07-80016-007 150.00

**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: Kevin J Shannon Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/07 (256) 650-2500  
Date Daytime Phone #