

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F55022

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** SISSINE OFFICE SYSTEMS, INC.

**Current Principal Place of Business:**

6123 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

6123 PHILLIPS HIGHWAY  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 59-2139556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SISSINE, MICHAEL R  
6014 SAN JOSE BLVD  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SISSINE, MICHAEL R  
**Address:** 6123 PHILLIPS HIGHWAY  
**City-St-Zip:** JACKSONVILLE, FL 00000,

**Title:** VP  
**Name:** SISSINE, MADELYNNE  
**Address:** 6123 PHILLIPS HWY.  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VP  
**Name:** SISSINE, SAMUEL  
**Address:** 6123 PHILLIPS HIGHWAY  
**City-St-Zip:** JACKSONVILLE, FL

**Title:** VP  
**Name:** SISSINE, JOSEPH  
**Address:** 6123 PHILLIPS HWY  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** MADELYNNE SISSINE

VP

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date