

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F79190

1. Entity Name
**INTEGRATED FINANCIAL SERVICES INTERNATIONAL,
INC.**



Principal Place of Business
**3654 NORTH CR 426
GENEVA, FL 32732 US**

Mailing Address
**PO BOX 621171
OVIEDO, FL 32762-171 US**



05052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2179398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PICKFORD, SHIRLEY P
3654 NORTH CR 426
GENEVA, FL 32732**

**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

000000948328
06/02/08-80049-020 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PICKFORD, SHIRLEY R P
STREET ADDRESS	3654 NORTH CR 426
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	V
NAME	ASENFORD, JOHN J V
STREET ADDRESS	520 OLD MIMS ROAD
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	D
NAME	COSSABOOM, CLAY P D
STREET ADDRESS	2570 OLD MIMS ROAD
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

Shirley R Pickford **SHIRLEY R PICKFORD**

Date

Daytime Phone #

5/5/08