

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90070 030 ***150.00

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02072005 Chg-P CR2E034 (10/03)

| | | | | | |
|---|-----------------------|---|--|--|--|
| DOCUMENT # F94000001567 1. Entity Name MCPHERSON SYSTEMS, INC. | | | | | |
| Principal Place of Business 100 SPRINGHILL CHURCH RD TIFTON, GA 31794 | | | Mailing Address 100 SPRINGHILL CHURCH RD TIFTON, GA 31794 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip 31793-6844 | | Country | | Zip 31793-6844 | |
| Country | | Country | | | |
| 4. FEI Number 58-1631110 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROLLS, DAVID 2107 CLEVELAND AVE. FT. MYERS, FL 33901 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PD | <input type="checkbox"/> Delete | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCPHERSON, TONY LEE | | NAME | Tony Lee McPherson | |
| STREET ADDRESS | RT. 1, BOX 1265 | | STREET ADDRESS | 15 Jenny Drive | |
| CITY-ST-ZIP | TIFTON, GA 31794 | | CITY-ST-ZIP | Tifton GA 31793 | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCPHERSON, DONALD LEE | | NAME | Donald Lee McPherson | |
| STREET ADDRESS | RT. 1, BOX 1265 | | STREET ADDRESS | 100 Springhill Church Road | |
| CITY-ST-ZIP | TIFTON, GA 31794 | | CITY-ST-ZIP | Tifton GA 31793 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCPHERSON, DAN | | NAME | Daniel McPherson | |
| STREET ADDRESS | 2201 RUTLAND RD | | STREET ADDRESS | 2201 Rutland Road | |
| CITY-ST-ZIP | TIFTON, GA | | CITY-ST-ZIP | Tifton GA 31793 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: Donald L. McPherson Donald L. McPherson 2-24-05 2293 86 2367 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |