

2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 1.83

FILED

04 JUL -8 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F95000003601

1. Entity Name
DIAGNOSYS SYSTEMS INC.

Principal Place of Business

102 PARK PLACE BLVD
BLDG B STE 1
KISSIMMEE, FL 34741 US

Mailing Address

102 PARK PLACE BLVD
BLDG B STE 1
KISSIMMEE, FL 34741 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3273675

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, TIM
102 PARK PLACE BLVD
BLDG B STE 1
KISSIMMEE, FL 34741

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PDC CAWKELL, DAVID FORCE HOUSE, SELBORNE RD. GREATHAM LISS SUSS ENGLAND, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAWKELL, CHRISTINE A FORCE HOUSE, SELBORNE RD. GREATHAM LISS SUSS ENGLAND, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAWKELL, JAMES A 21 BUCKINGHAM RD. PETERSFIELD CU 32 3AY ENGLAN, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBB, TIM S 3160 RUSTIC DRIVE KISSIMMEE, FL 34744 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ford ARUN, SWAILING LANE, GREATHAM HAMPSHIRE GU33 6HQ ENGLAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEL BARNARD 30 BURDENSHOTT AVE., Richmond, SURREY TW10 5ED ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Philip HEASMAN SQUIRRELS, WOODLAND DRIVE, EAST HORSLEY SURREY KT23 5AN ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P 100039238011 07/16/04--01017--002 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David R. Tiplin 54 NEWBOLT AVE. Chesham SURREY SM3 8E ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S John CHANT COMYN, UPPER ANSTEY LANE, ALTON HANTS GU34 4BP ENGLAND <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim S. Webb 6/30/04 407-846-6002

Date Daytime Phone #

PJ 223

DiagnoSYS

Box 11

TITLE: TD

* addition

NAME: MAUREEN Lock

STREET: 22 ORCHARD MANS, Woking,

City, St, Zip: SURREY. GU22 0ET ENGLAND