

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 14, 2005 08:00 AM

REC Secretary of State

JAN 28 2005

BY:



1st MOORE

CR2E034 (10/04)

DOCUMENT # F96000000051					
1. Entity Name SYSTEMS INTEGRATION AND IMAGING TECHNOLOGIES INCORPORATED					
Principal Place of Business 7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US			Mailing Address 7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3349268	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BALKAN, THOMAS J 7901 4TH STREET NORTH SUITE 200 ST. PETERSBURG FL 33702				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> Delete			
NAME	WALL, KARL J				
STREET ADDRESS	700 1ST AVENUE SOUTH				
CITY - ST - ZIP	TIERRA VERDE FL 33715				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MCNALLY, JOSEPH W				
STREET ADDRESS	830 PINELLAS BAYWAY SOUTH				
CITY - ST - ZIP	TIERRA VERDE FL 33715				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	READ, WAYNE A				
STREET ADDRESS	10901 BRIGHTON BAY BLVD				
CITY - ST - ZIP	SAINT PETERSBURG FL 33716				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	REINKING, LINDA L				
STREET ADDRESS	2218 BIRCHBANK TRAIL				
CITY - ST - ZIP	CLEARWATER FL 34623				
TITLE	VS	<input type="checkbox"/> Delete			
NAME	BALKAN, THOMAS J				
STREET ADDRESS	7233 DANBURY WAY				
CITY - ST - ZIP	CLEARWATER BEACH FL 33764				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #