2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 08:00 AM
Secretary of State

DOCUMENT # H31363

1. Entity Name
INTEGRATED CONTROL SYSTEMS, INC.

Principal Place of Business	Mailing Address
955 WEST RETTA ESPLANADE PUNTA GORDA, FL 33950 US	C/O R L STRADA CPA PO BOX 217 LITCHFIELD, CT 06759 US

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05092005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-1787342

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, WARREN R
201 W MARION ST, #301
PUNTA GORDA, FL 33950

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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	PD
NAME	HENDRICK, COLM B
STREET ADDRESS	4450 NORTH SHORE DR
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	STD
NAME	JACOBSON, ROBERT
STREET ADDRESS	1432 MEDITTERREAN
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	D
NAME	IRWIN, JAMES
STREET ADDRESS	22 EMERALD POINT BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5/20/05 941-639-6677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #