

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31363

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: INTEGRATED CONTROL SYSTEMS, INC.

## Current Principal Place of Business:

955 WEST RETTA ESPLANADE  
PUNTA GORDA, FL 33950 US

## New Principal Place of Business:

## Current Mailing Address:

HEATHER RUMBOLD  
900 WEST MARION AVE.  
PUNTA GORDA, FL 33950 US

## New Mailing Address:

FEI Number: 58-1787342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROSS, WARREN R  
223 TAYLOR ST,  
PUNTA GORDA, FL 33950 US

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.

SIGNATURE: WARREN ROSS

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JACOBSON, ROBERT A  
Address: C/O 955 W RETTA ESPLANADE  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: STD ( ) Delete  
Name: JACOBSON, ROBERT A  
Address: C/O 955 W RETTA ESPLANADE  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Delete  
Name: IRWIN, JAMES B  
Address: 25188 E MARION AVENUE #22  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D ( ) Delete  
Name: O'TOOLE, KATHLEEN M  
Address: PO BOX 5122220  
City-St-Zip: PUNTA GORDA, FL 33951 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN M O'TOOLE

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date