
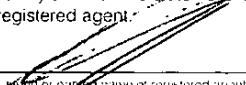
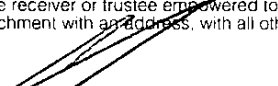


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90041 010 ***150.00

DOCUMENT # H43043 1. Entity Name SYSTEMS 2000, INC.			
Principal Place of Business 620 DOUGLAS AVENUE 1312 ALTAMONTE SPRINGS FL 32714 US		Mailing Address 620 DOUGLAS AVENUE 1312 ALTAMONTE SPRINGS FL 32714 US	
2. Principal Place of Business - No P.O. Box # 528 Northlake Blvd Suite, Apt. #, etc. Suite 1000 City & State Altamonte Springs, FL Zip 32701		3. Mailing Address 528 Northlake Blvd Suite, Apt. #, etc. Suite 1000 City & State Altamonte Spgs, FL Zip 32701	
6. Name and Address of Current Registered Agent SCONNELLY, CARL A. 620 DOUGLAS AVE 1312 ALTAMONTE SPRINGS FL 32714		7. Name and Address of New Registered Agent Name Carl Scannely Street Address (P.O. Box Number is Not Acceptable) 528 Northlake Blvd Ste 1000 City Altamonte Springs FL Zip Code 32701	
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 7-16-07 <small>Signature, word or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCONNELLY, CARL A. 620 DOUGLAS AVE #1312 ALTAMONTE SPRINGS FL 32714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		7-16-07 (407)358-2000 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



2nd MOORE CR2E034 (4/07)

4. FEI Number **59-2537949** Applied For
Not Applicable

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

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. ☐ Added to Fees