


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 038 ***150.00

DOCUMENT # J46278	
1. Entity Name DIVERSIFIED SOFTWARE SYSTEMS, INC.	

Principal Place of Business 300 N RONALD REAGON BLVD STE 207 LONGWOOD, FL 32750 US	Mailing Address 300 N RONALD REAGON BLVD STE 207 LONGWOOD, FL 32750 US
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2719437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LUDWIG, GEORGE W.
377 MAYA STREET
LAKE MARY, FL 32746**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARBER, LON L. <i>Reagan</i> 300 N. RONALD REAGON BLVD., STE. 207 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LUDWIG, GEORGE W. 377 MAYA STREET LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LODDE, BERNARD C. 380 GOLF BROOK CIR 204 <i>421 Evesham Place</i> LONGWOOD, FL <i>32779</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDWIG, KATHRYN K 377 MAYA STREET LAKE MARY, FL 32746
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)(l), 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: *G.W. Ludwig* **G.W. Ludwig** **3/18/2004** **407/657-1440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #