2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034580

1. Entity Name
INFORMATION AND DISPLAY SYSTEMS, LLC

Principal Place of Business	Mailing Address
10275 CENTURION COURT JACKSONVILLE, FL 32256	10275 CENTURION COURT JACKSONVILLE, FL 32256

01182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2308002
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PAPPAS, RALLIS L
93 OCEAN SIDE DRIVE
ATLANTIC BEACH, FL 32233

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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) (REQUIRED: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

000000227611
02/14/05-80005-019 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PAPPAS, RALLIS L
STREET ADDRESS	93 OCEAN SIDE DR
CITY ST ZIP	ATLANTIC BEACH, FL 32233
TITLE	MGRM
NAME	INGALLS, JAMES W
STREET ADDRESS	934 PONTE VEDRA BLVD
CITY ST ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	MGRM
NAME	MINCER, ZDRAVKO
STREET ADDRESS	14 PONTE VEDRA CIR
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
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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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rallis L. Pappas RALLIS L. PAPPAS 2/11/05 (904) 645-8697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #