

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90096 019 \*\*\*\*55.00

<b>DOCUMENT # L04000075538</b>					
<b>1. Entity Name</b> INTEGRATED COMPUTING SERVICES, LLC					
<b>Principal Place of Business</b> 10901 BRIGHTON BAY BOULEVARD NE, #8204 ST. PETERSBURG, FL 33716			<b>Mailing Address</b> PO BOX 20592 ST. PETERSBURG, FL 33742		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042005    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 20-1882066				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BARNES, SCOTTY 1090 BRIGHTON BAY BOULEVARD NE, #8204 ST. PETERSBURG, FL 33716			Name <u>Barnes, Scotty</u> Street Address <u>10901 Brighton Bay Blvd NE #8204</u> City <u>St. Petersburg</u> State <u>FL</u> Zip Code <u>33716</u>		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, true State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <u>Scotty W. Barnes</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1/16/05</u> <small>(NOTE: Registered Agent signature required when reissuing)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNES, SCOTTY 1090 BRIGHTON BAY BOULEVARD NE, #8204 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Barnes, Scotty 10901 Brighton Bay Blvd NE #8204 St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLCOMB, GARY 1090 BRIGHTON BAY BOULEVARD NE, #8204 ST. PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Holcomb, Gary 10901 Brighton Bay Blvd NE #8204 St. Petersburg, FL 33716	<input checked="" 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
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
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
<b>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.</b>					
SIGNATURE: <u>Scotty W. Barnes</u>			DATE <u>1/16/05</u> Daytime Phone # <u>727.215.5029</u>		