

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L06683

Entity Name: I/O SYSTEMS, INC.

FILED  
Apr 19, 2004  
Secretary of State

**Current Principal Place of Business:**

716 WESLEY AVENUE  
13  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

716 WESLEY AVENUE  
13  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

110 S PINELLAS AVENUE  
SUITE 9  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

PO BOX 2207  
TARPON SPRINGS, FL 34688

FEI Number: 59-2962786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAVVAS, STEVE  
5436 LAPLATA DRIVE  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAVVAS, STEVE,  
Address: 5436 LAPLATA DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TS ( ) Delete  
Name: SAVVAS, ANNETTE,  
Address: 5436 LAPLATA DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 for the exemption stated in Section 119.07(3)(i), 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: STEVE SAVVAS

P

04/19/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date