2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nam	MENT # L32025 SIONAL SYSTEMS OF PIN		}	20010	ung or		
}					·-· · · · ·		
		Mailing Address %ARTHUR W. LANNING 12180 28TH STREET NORTH ST. PETERSBURG, FL 33716	· . 				
D	O NOT WRITE	CE	01042006 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current	Registered Agent	J *		· · · · · · · · · · · · · · · · · · ·		
12180 281	ARTHUR W. H STREET NORTH RSBURG, FL 33716	-		NOT W HIS SF			
the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its register	ed office or register	red agent, or both	n, in the State of Flo	orida. Tam famili	ar with, and accept
SIGNATURE_	Signature, typed or printed rearie of registered agent	and title if applicable. (NOTE Registers	ed Agent signature required	f when reinstating)		DAJE	
After M	E NOWIII FEE IS \$150.00 ? ay 1, 2006 Fee will be \$550.	ncing \$5	.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS .	4				
NAME STREET ADDRESS CITY-ST: ZIP	PD LANNING, ARTHUR W. 12180 28TH STREET N. ST. PETERSBURG, FL				U00000 01/13/06-	383795	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LANNING, DAVID 12180 28TH ST N ST PETE, FL				01/13/06-	80017-00	2 150.00
TITLE NAME STREET ADDRESS CITY-SY-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
IMLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			1				

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 it 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.

STREET ADDRESS DITY-SI-ZIP

SIGNATURE: SURVEY TO PROPERTY NAME OF SIGNING OFFICER OF DIRECTOR THE SIGNATURE TO THE TOTAL OF TOTAL PROPERTY PROPERTY