

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66177

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** FLORIDA SUB SYSTEMS, INC.

**Current Principal Place of Business:**

C/O BOB FISCHER  
1200 NORTH WOODLAND BLVD.  
DELAND, FL 327202252

**New Principal Place of Business:**

**Current Mailing Address:**

1689 TOWN PARK DR.  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

**FEI Number:** 59-3005039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISCHER, BOB  
1689 TOWN PARK DR.  
PORT ORANGE, FL 32129 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FISCHER, BOB  
Address: 1689 TOWN PARK DR  
City-St-Zip: PORT ORANGE, FL 32129

Title: VP  
Name: BENNETT, KIM  
Address: 2874 ROANOKE RD  
City-St-Zip: CUMMING, GA 30041

Title: ST  
Name: BENNETT, WESLEY  
Address: 2874 ROANOKE RD  
City-St-Zip: CUMMING, GA 30041

I hereby 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 all other like empowered.

SIGNATURE: BOB FISCHER

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date