

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90004 033 ***150.00

DOCUMENT # M60295

1. Entity Name
SYSNET TECHNOLOGIES, INCORPORATED



Principal Place of Business
**10362 SW 144TH ST
MIAMI, FL 33176**

Mailing Address
**13911 SW 122 AVE
9-107
MIAMI, FL 33186-6249**

54014318



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0008256

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, RICHARD L. DR.
13911 SW 122 AVENUE
9-107
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CAMPBELL, RICHARD L.
13911 SW 122 AVENUE # 9-107
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CAMPBELL, VANESSA
13911 SW 122 AVENUE # 9-107
MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CAMPBELL, JR., JAMES
3531 N.W. 41ST TERRACE
GAINESVILLE, FL 32601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CAMPBELL, KELLE J
13911 SW 122 AVE # 9-107
MIAMI, FL 331866249**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HINSON, CLARETHA
1734 MOCKINGBIRD DRIVE
PORT SAINT LUCIE, FL 34986**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, GWENDOLYN
1429 HOUND ST
LUTZ, FL 33459**

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/04