

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M77791

1. Entity Name
REMOTE INTELLIGENCE SYSTEMS, INC.



Principal Place of Business

% VINCENT M. PARTSCH
799 GRAN PASEO DRIVE
ORLANDO, FL 32825

Mailing Address

% VINCENT M. PARTSCH
799 GRAN PASEO DRIVE
ORLANDO, FL 32825



03112003 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2890199

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARTSCH, VINCENT M.
799 GRAN PASEO DRIVE
ORLANDO, FL 32825

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DCP
PARTSCH, VINCENT M.
799 GRAN PASEO DRIVE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVST
PARTSCH, DOROTHY A.
799 GRAN PASEO DRIVE
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CPA
EDWARDS, MARK
1851 MIZELL AVE
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LEITER, ANTON C
6000 TOMOKA
ORLANDO, FL 32809

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/27/04-80003-019 150.00

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)(f), 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:

Vincent M. Partsch

5/17/04

Date

407-282-1854

Daytime Phone #