2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

DOCUMENT # M94176 1. Entity Name SYSTEM COMPONENTS CORPORATION									03-22-2004	4 90048	004 ***15	0.00
Principal Place of Business			Ma	Mailing Address								
6750 W. HWY 40 OCALA, FL 34482 US				6750 W. HWY 40 Ocala, FL 34482 US				4 10010011 11			IIDM 24511 G1841 8451	(AME) 1. (SE)
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.				03102004	Chg-P	CR2E	(10/03)	
City & State			7	City & State			4. FEI Numb 59-290				oplied For	
Zip	Country			Zip	itry		5. Certificate of Status Desired S8.75 Additional Fee Required			ditional		
	6. Name	i and Address of Curre	nt Regis	tered Agent		Name		7. Name and	Address of New	Registered	·	
KIRKI AND	KIRKLAND, GEORGE W											
6750 W. HWY 40 OCALA, FL 34482						Street Address (P.O. Box Number is Not Acceptable)						
						City			- N/AN		Zip Coo	le
B. The above	named enti	tv submits this statemen	t for the r	ournose of changing its	register	<u></u>	istere	ed agent, or bo	th, in the State of F	Florida, Lar	-	
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 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								00 May Be ed to Fees				
10.	····	OFFICERS A	ND DIREC	CTORS	11.			ADDITIONS	/CHANGES TO OF	FICERS AN	ND DIRECTOR	S IN 11
TITLE NAME	MEN AND SESSEEM				TITL						☐ Change	☐ Addition
STREET ADDRESS 4061-6E-26 COURT-RD 2397 OCALA, FL 34476				76th Lane	EET ADDRESS (-ST-ZIP							
TITLE NAME	☐ Delete					E					☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP	CITY Delete TITL					Y-ST-ZIP .E					☐ Change	Addition
NAME	NAN					AE					_ ,	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP			٠			
TITLE NAME			-	☐ Delete	TITL NAM	I					☐ Change	Addition
STREET ADDRESS					STR	EET AODRESS						
CITY-ST-ZIP	_				TITL	Y-ST-ZIP					☐ Change	Addition
NAME					NAA	· I						_
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP						
TITLE	. "			☐ Delete	τπι						☐ Change	Addition
STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP 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 seport is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director.												
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 seport 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 regioner or trutishe engroweged the section 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 additional statutes. SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNAND OFFICER OF TREETON.												
SIGNAT	TURE:	SIGNATURE AND TYPED	OR PRINTE	D HAME OF SIGNING OFFICE	GE K	CIEKIAN	<i>∨∨</i>	3-1	8-04 3 Date	1223	7 SE	48