

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # M94176

1. Entity Name  
SYSTEM COMPONENTS CORPORATION



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 29 PM 4:20

Principal Place of Business  
7731 SE 59TH COURT SUITE 100  
OCALA, FL 34472 US

Mailing Address  
7731 SE 59TH COURT SUITE 100  
OCALA, FL 34472 US

4/08/08 90016 027 150.00



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2905068

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KIRKLAND, GEORGE W  
3840 SW 7TH STREET  
OCALA, FL 34474-1951

7731 SE 59th Ct  
Suite 100  
Ocala, FL 34472

**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  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME KIRKLAND, GEORGE W  
STREET ADDRESS 2397 SW 76TH LANE  
CITY-ST-ZIP Ocala, FL 33476

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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

13-14-02  
Date

Daytime Phone #

430