

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002070

FILED
Jul 21, 2005
Secretary of State

Entity Name: DEVELOPMENT AND SUPPORT SYSTEMS, INCORPORATED

Current Principal Place of Business:

430 WEKIVA RAPIDS DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

430 WEKIVA RAPIDS DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3483801 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GANO, GENEVIA M
430 WEKIVA DR
ALTAMONTE SPRINGS, FL 32714 US

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: DP () Delete
Name: MICKENS, DELORES
Address: 619 S SANFORD AVENUE
City-St-Zip: SANFORD, FL 32771

Title: DV () Delete
Name: HARRISON, UNA
Address: 2023 WEYMOUTH CT
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: DAVIS, ROSE
Address: 1600 W 5TH STREET, #20
City-St-Zip: SANFORD, FL 32771

Title: DS () Delete
Name: WIEPKING, ELAINE
Address: 3159 FOXWOOD DRIVE
City-St-Zip: APOPKA, FL 327034918

Title: MD () Delete
Name: GANO, GENEVIA M
Address: 430 WEKIVA RAPIDS DR.
City-St-Zip: ALTMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. GENEVIA M. GANO

CEO

07/21/2005

Electronic Signature of Signing Officer or Director

Date