

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000015789

1. Entity Name  
SIS CONSULTING, INC.



Principal Place of Business

Mailing Address

312 ALTAMONTE BAY CLUB CIRCLE  
102  
ALTAMONTE SPRINGS, FL 32701

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102  
ALTAMONTE SPRINGS, FL 32701

FILED

04 FEB 23 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02062004

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3624218

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SORKIN, STEVE  
312 ALTAMONTE BAY CLUB CIRCLE  
102  
ALTAMONTE SPRINGS, FL 32701

**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

*Steven Sorkin*

*Steven Sorkin*

2/17/04

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. ☐

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

400029313804

2/24/04--01049--016 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SORKIN, STEVE  
STREET ADDRESS 312 ALTAMONTE BAY CLUB CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE P  
NAME SORKIN, SHEILA  
STREET ADDRESS 312 ALTAMONTE BAY CLUB CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Steven Sorkin* *Steven Sorkin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04

Date

407-797-6357

Daytime Phone #