


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90076 003 ***158.75

DOCUMENT # P00000015789	
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1. Entity Name
SIS CONSULTING, INC.

Principal Place of Business
967 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

Mailing Address
967 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

40072324



2. Principal Place of Business - No P.O. Box #
2520 Ronald Reagan Blvd

3. Mailing Address
2520 Ronald Reagan Blvd

Suite, Apt. #, etc.
Suite #124

Suite, Apt. #, etc.
Suite #124

04172007 Chg-P CR2E034 (12/06)

City & State
Longwood, FL

City & State
Longwood, FL

4. FEI Number
59-3624218

Applied For
Not Applicable

Zip
32750

Country
Germany

Zip
32750

Country
Germany

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

6. Name and Address of Current Registered Agent

SORKIN, STEVE
967 G ALTHMONTH DR
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name Steven Sorkin

Street Address (P.O. Box Number is Not Acceptable)

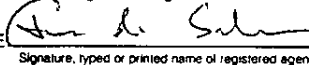
2520 Ronald Reagan Blvd Suite #124

City Longwood

FL

Zip Code 32750

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)

4-17-07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SORKIN, STEVE
STREET ADDRESS 215 CARRIAGE HILL DR
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE P
NAME SORKIN, SHEILA
STREET ADDRESS 215 CARRIAGE HILL DR
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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

4-17-07

Date

407-297-6357

Daytime Phone #