

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90058 017 ***150.00

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1. Entity Name

INTERFACE SYSTEMS INTEGRATION, INC.



Principal Place of Business

724 2ND AVENUE SOUTH
STE A
ST. PETERSBURG FL 33701

Mailing Address

724 2ND AVENUE SOUTH
STE A
ST. PETERSBURG FL 33701

2. Principal Place of Business

11614 BRISTOLCHASE DR

Suite, Apt. #, etc.

3. Mailing Address

11614 BRISTOLCHASE DR

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State
TAMPA, FL 3

City & State
TAMPA, FL

4. FEI Number 59-3643620

Applied For
Not Applicable

Zip
33626

Country
USA

Zip
33626

Country
USA

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

6. Name and Address of Current Registered Agent

GAZQUEZ, TIM
724B 2ND AVENUE SOUTH
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Timothy B. Gazez

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GASQUEZ, TIM
STREET ADDRESS 11614 BRISTOLCHASE DRIVE
CITY-ST-ZIP TAMPA FL 33626

TITLE VP ☐ Delete
NAME AMORE, DAVID
STREET ADDRESS 8409 LAUTEL FAIR CIRCLE
CITY-ST-ZIP TAMPA FL 33610

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET 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 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 another like empowered.

SIGNATURE:

Timothy B. Gazez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 8139271364

Date

Daytime Phone #