

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000070342

1. Entity Name
ITSS, INC.



Principal Place of Business

3285 WALTERS TRAVIS DRIVE
SARASOTA, FL 34240

Mailing Address

3285 WALTERS TRAVIS DRIVE
SARASOTA, FL 34240



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1026740

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WUELFING, KENNETH L
3285 WALTERS TRAVIS DRIVE
SARASOTA, FL 34240

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WUELFING, KENNETH L 3285 WALTERS TRAVIS DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS WUELFING, JOANNE 3285 WALTERS TRAVIS DRIVE SARASOTA, FL 34240
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	

U00000219473
02/08/05-80023-022 150.00

**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)(f), 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:

Joanne Wuefing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-05 991-371-1146
Date Daytime Phone #