

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000078214

1. Entity Name
INTEGRITY SYSTEMS OF CENTRAL FLORIDA, INC.



FILED

04 AUG 12 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08062004 Chg-P CR2E034 (10/03)

Principal Place of Business
137 KNIGHTS HOLLOW DRIVE
APOPKA, FL 32712

Mailing Address
137 KNIGHTS HOLLOW DRIVE
APOPKA, FL 32712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3665189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIBLEY, BERNARD
137 KNIGHTS HOLLOW DR
APOPKA, FL 32712

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NOWELLS, JAMES W
STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS 000040360670
CITY-ST-ZIP 08/20/04--01047--007 **\$61.25 ☐ Change ☐ Addition

TITLE VD
NAME SIBLEY, BERNARD
STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

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

TITLE STD
NAME GONZALEZ, JESSE J
STREET ADDRESS 137 KNIGHTS HOLLOW DRIVE
CITY-ST-ZIP APOPKA, FL 32712 ☒ Delete

TITLE
NAME Secretary/TD
STREET ADDRESS Shirley A. Sibley
CITY-ST-ZIP 137 Knights Hollow Drive
Apopka, FL 32712 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/6/04

907-998-3133