


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90165 007 \*\*\*150.00

|  |   |
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| <b>DOCUMENT # P00000108114</b>                             |  |
| 1. Entity Name<br><b>SOFTWARE INDUSTRIES, INCORPORATED</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>2233 PARK AVE<br/>STE 104<br/>ORANGE PARK, FL 32073</b> | Mailing Address<br><b>2233 PARK AVE<br/>STE 104<br/>ORANGE PARK, FL 32073</b> |
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|--|--|
| 2. Principal Place of Business<br><b>2001 Wells Rd</b> | 3. Mailing Address<br><b>2001 Wells Rd</b> |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |

|                                       |  |
|---------------------------------------|--|
| City & State<br><b>Orange Park FL</b> | City & State<br><b>Orange Park, FL</b> |
| Zip<br><b>32073</b>                   | Country<br><b>Clay</b>                 |
| Zip<br><b>32073</b>                   | Country<br><b>Clay</b>                 |

1200000000



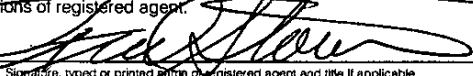
04262005 Chg-P CR2E034 (10/03)

|                                    |  |
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| 4. FEI Number<br><b>59-3721324</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

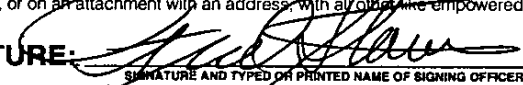
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|--|--|
| 6. Name and Address of Current Registered Agent<br><b>STOVER, FRED<br/>2233 PARK AVE<br/>STE 104<br/>ORANGE PARK, FL 32073</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Fred Stover</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>2001 Wells Rd</b><br>City <b>Orange Park</b> FL Zip Code <b>32073</b> |  |
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| 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.<br>SIGNATURE <br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____ |  |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STOVER, FRED<br>2643 S PONTE VEDRA BLVD<br>PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Fred Stover<br>2001 Wells Road<br>Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STOVER, LINDA<br>2643 S PONTE VEDRA BLVD<br>PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Linda Stover<br>2001 Wells Road<br>Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STOVER, ERIC<br>2643 S PONTE VEDRA BLVD<br>PONTE VEDRA BCH, FL 32082 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Eric Stover<br>2001 Wells Road<br>Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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| 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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  | Date _____ Daytime Phone # _____ |