2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address

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FILED Apr 27, 2005 08:00 AM DOCUMENT # P01000004667 **Secretary of State** 1. Entity Name FLORIDA OFFICE SYSTEMS, INC. Principal Place of Business Mailing Address 3101 WEST CYPRESS STREET C/O SHERDETTE KREFER TAMPA, FL 33607 PO BOX 70 INDIAN ROCKS BEACH, FL 33785 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3692869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEEFER, SHERDETTE 3101 WEST CYPRESS STREET TAMPA, FL 33607 IN THIS SPACE 8. The above named antity 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KEEFER, SHERDETTE STREET ADDRESS 3101 WEST CYPRESS STREET CITY-ST-ZIP TAMPA, FL -33607 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP me 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)(1), 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

4-22-05