

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000042032

1. Entity Name
INFORMATION TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business

4720 NORTHWEST BOCA RATON BOULEVARD
SUITE D105
BOCA RATON, FL 33431

Mailing Address

4720 NORTHWEST BOCA RATON BOULEVARD
SUITE D105
BOCA RATON, FL 33431

FILED
Jan 29, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BRUNSON, CHRISTOPHER G
STREET ADDRESS 4720 NORTHWEST BOCA RATON BOULEVARD #D105
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE VD
NAME PORES, JOSEPH A
STREET ADDRESS 4720 NORTHWEST BOCA RATON BOULEVARD #D105
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE STD
NAME KOUTRAKOS, NICHOLAS J
STREET ADDRESS 4720 NORTHWEST BOCA RATON BOULEVARD #D105
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U000000020267

01/29/04-80059-018 150.00

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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)(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

NICHOLAS J. KOUTRAKOS

Date

1/27/04

Daytime Phone #

561-994
3334