2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000069312

1. Entity Name
M2 SYSTEMS CORPORATION



FILED Apr 05, 2004 8:00 am Secretary of State 04-05-2004 90002 011 ***150.00

						O WE							
Principal Place of Business Mailing Address											E 4	00=	_
850 TRAFALO	SAR COURT	850 TRAFALGAR COURT								54	0257	90	
SUITE 100			SUITE 100									,	. .
MAITLAND, F	L 32751	MAITLAND, FL 32751 US					11000001		IN 1410 IIK			1881 IL ISBI	
2. Principal Place of Business 3. Mailing Address													
z. Principal Pi	ang Address								70 11101 11910 HE				
Suite, Apt.	#. etc.	Suite, Ap	Suite, Apt. #, etc.				04400004	OL D		30000	34 (40(00)		
*****	.,						01192004	Chg-P		JHZEU	34 (10/03)		
City & State	9	City & St	City & State				4. FEI Numbe	er			Ap	plied For	
							59-373	1401			No	t Applicable	
Zip Country		Zip	Zip		try		5. Certificate	of Status Desi	ired [\$8.75 Add		
							Fee Required						<u> </u>
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
COLLINS, LINDA L ESQ						INATIO							
850 TRAF						Street Address (P.O. Box Number is Not Acceptable)							
SUITE 100													<u> </u>
MAITLAND, FL 32751												ا مارو اسموالیسی	
			City						FL	Zip Cod	e		
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 acc													
	named entity ions of regist		or the purpose	of changing its	registere	ed office or req	gistere	d agent, or bo	th, in the State	of Florida	ı. Iam f	amiliar with,	and accept
. trie obligat	ions or regist	ered agent.											
SIGNATURE.													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . DATE													
				Inction Compo	ian Einar	saina	65.0	۰					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees													
Alter III	ay 1, 200-	4 Fee Will be \$550.	00										
10.		OFFICERS AND	DIRECTORS		11.			ADDITIONS	CHANGES TO	OFFICE	RS AND	DIRECTOR	
TITLE	DC			Delete	TITLE							☐ Change	☐ Addition
NAME		O, MICHAEL A			NAM	-							
STREET ADDRESS		ALGAR COURT				ET ADDRESS - ST-ZIP							
CITY-ST-ZIP		D, FL 32751			_								
TITLE	DP	IOCEDIUM.		☐ Delete	TITLE							☐ Change	☐ Addition
NAME	· ·	IOSEPH W ALGAR COURT			NAM	ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP		D, FL 32751		CITY									İ
		D, FL 32/31			_		1 1 =	14 - "			- , "	☐ Change	Addition
TITLE	S	GREG ESQ		Delete	TITLE								FT VOULDE
NAME STREET ADDRESS	I -	KENNEDY BLVD				ET ADDRESS						•	
CITY-ST-ZIP	TAMPA, F					-ST-ZIP							
TITLE	.,,,.		A	☐ Delete	TITLI							☐ Change	Addition
NAME				L Delete	NAM								
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TITLE				☐ Delete	TITL	E						Change	Addition
NAME				***	NAM	IE .							
STREET ADDRESS	1				STRE	ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
13 Lharchy	andifu that th	a information pumplied wit	h this filing doc	e not qualify to	r the eve	motion stated	in Sec	tion 119 07/3)	(i) Florida Stat	tutoe I fur	thar carl	ify that the in	nformation

I hereby certify that the information supplied with this filing does not quality 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