

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000069312	
1. Entity Name M2 SYSTEMS CORPORATION	

Principal Place of Business 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751 US	Mailing Address 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751 US
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3731401	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fees Required	

6. Name and Address of Current Registered Agent COLLINS, LINDA L ESQ 850 TRAFALGAR COURT SUITE 100 MAITLAND, FL 32751

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

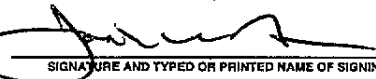
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC MUSCATO, MICHAEL A 850 TRAFALGAR COURT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ADAMS, JOSEPH W 850 TRAFALGAR COURT MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S YADLEY, GREG ESQ 101 EAST KENNEDY BLVD TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/03/05-80022-012 150.00

**DO NOT WRITE
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:  **JOSEPH W. ADAMS** 4-28-05 407-551-1307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #