

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000084388

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: INTEGRATED SYSTEMS OF FLORIDA, INC.

**Current Principal Place of Business:**

180 SCARLET BLVD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

180 SCARLET BLVD  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3742018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARLOWE & MCNABB, P.A.  
324 S. HYDE PARK AVE., SUITE 210  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WISEMAN, WALTER  
Address: 3434 BEECH TRAIL  
City-St-Zip: CLEARWATER, FL 33761

Title: DST ( ) Delete  
Name: WISEMAN, CANDACE  
Address: 3434 BEECH TRAIL  
City-St-Zip: CLEARWATER, FL 33761

Title: DS ( ) Delete  
Name: CLARK, ALLISON W  
Address: 3434 BEECH TRIL  
City-St-Zip: CLEWARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: CLARK, ALLISON W  
Address: 22128 RED JACKET LN.  
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE WISEMAN

STD

03/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date