

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111292

Entity Name: CONTINENTAL SYSTEMS, INC.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

6639 SOUTHPOINT PARKWAY, #104
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 330387
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 42-1574462 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNEED, JEFFREY J
599 ATLANTIC BLVD. #4
ATLANTIC BEACH, FL 32233 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: CLELAND, PATRICIA
Address: 865 OCEAN BLVD.
City-St-Zip: ATLANTIC BEACH, FL 32233 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLELAND, PATRICIA
Address: P.O. BOX 17213
City-St-Zip: JACKSONVILLE, FL 32245 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA CLELAND

D

05/02/2005

Electronic Signature of Signing Officer or Director

Date