

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000015494

1. Entity Name

INTEGRATED INFORMATION SERVICES, INC.



Principal Place of Business

2950 S.E. 157TH LANE ROAD
SUMMERFIELD, FL 34491 US

Mailing Address

2950 S.E. 157TH LANE ROAD
SUMMERFIELD, FL 34491 US



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0106800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAQUIER, ANDRE D
2950 SE 157TH LN RD
SUMMERFIELD, FL 34491

**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, 2007 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 BLAQUIER, ANDRE
STREET ADDRESS 2950 S.E. 157TH LANE ROAD
CITY-ST-ZIP SUMMERFIELD, FL 34491

TITLE VD
NAME GOLDSTEIN, ROBERT
STREET ADDRESS 33210 COVENTRY DRIVE
CITY-ST-ZIP LEESBURG, FL 34788

TITLE TSD
NAME GOLDSTEIN, GERALD
STREET ADDRESS 2918 COCOVIA WAY
CITY-ST-ZIP LEESBURG, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000723348
05/02/07-80069-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

GERALD GOLDSTEIN 4-5-07 352-787-9300

Date

Daytime Phone #