

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000070359

1. Entity Name
FLORIDA INFORMATION TECHNOLOGY GROUP, INC.



Principal Place of Business
2213 BLUFF OAK STREET
APOPKA, FL 32712

Mailing Address
2213 BLUFF OAK STREET
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE



01062008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0727140	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

WESIGHAN, FRANK C
201 E. PINE STREET
SUITE 1200
ORLANDO, FL 32801

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000866009

04/08/08-80012-010-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILLIPS, ELIZABETH S
STREET ADDRESS	2213 BLUFF OAK STREET
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	D
NAME	PHILLIPS, MITCHELL IVAN
STREET ADDRESS	2213 BLUFF OAK STREET
CITY - ST - ZIP	APOPKA, FL 32712
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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: Elizabeth S. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08
Date

407-886-0662
Daytime Phone #