


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000002001 1. Entity Name FACTORY SYSTEMS INSTALLER, INC.	
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Principal Place of Business 4799 S.E. HANSON CIRCLE STUART, FL 34997	Mailing Address 4799 S.E. HANSON CIRCLE STUART, FL 34997
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0812190	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GROAT, JAMES E
4799 S.E. HANSON CIRCLE
STUART, FL 34997

**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)

01/11/2005
DATE

**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	P GROAT, JAMES E 4799 S.E. HANSON CIRCLE STUART, FL 34997
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROAT, LINDA L 4799 S.E. HANSON CIRCLE STUART, FL 34997
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDSON, LEA A 911 N.E. SANDALWOOD ROAD JENSEN BEACH, FL 34957
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/13/05-80029-015 150.00

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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)(f), 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:  JAMES E. GROAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-2005 7722257182
Date Daytime Phone #