

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085959

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: SERVICE INFORMATION SYSTEMS, INC.

## Current Principal Place of Business:

323 GREENBRIAR DR  
LAKE PARK, FL 33403

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 530515  
LAKE PARK, FL 33403

## New Mailing Address:

FEI Number: 33-1070949

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOHNSON, LYNDON B  
323 GREENBRIAR DR  
LAKE PARK, FL 33403 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: JOHNSON, LYNDON B  
Address: 323 GREENBRIAR DR  
City-St-Zip: LAKE PARK, FL 33403

Title: V ( ) Delete  
Name: BARGAN, DONALD  
Address: 16701 90TH STREET  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V ( ) Change (X) Addition  
Name: JOHNSON, ERIKA D  
Address: 323 GREENBRIAR DR  
City-St-Zip: LAKE PARK, FL 33403

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: LYNDON B JOHNSON

D

01/11/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date