

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148296

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: SYSTEM CONTROL SOLUTIONS, INC.

## Current Principal Place of Business:

5419 NW EDGEWATER AVENUE  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

3452 SW CATSKILL DRIVE  
PORT SAINT LUCIE, FL 34953

## Current Mailing Address:

P.O. BOX 12235  
FORT PIERCE, FL 34979

## New Mailing Address:

3452 SW CATSKILL DRIVE  
PORT SAINT LUCIE, FL 34953

FEI Number: 20-0515627

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEMOS, DAVID C  
5429 NW EDGEWATER AVENUE  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

DEMOS, DAVID C  
3452 SW CATSKILL DRIVE  
PORT SAINT LUCIE, FL 34953 US

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:

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DEMOS, DAVID C  
Address: 5419 NW EDGEWATER AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VP ( ) Delete  
Name: DEMOS, KAREN S  
Address: 5419 NW EDGEWATER AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEMOS, DAVID C  
Address: 3452 SW CATSKILL DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP (X) Change ( ) Addition  
Name: DEMOS, KAREN S  
Address: 3452 SW CATSKILL DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: DAVID C. DEMOS

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date