


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 038 ***150.00

DOCUMENT # P04000132595	
1. Entity Name 3C'S SYSTEMS, INC.	

Principal Place of Business 3946 LAKESHORE DRIVE NEWSMYRNA BEACH, FL 32168	Mailing Address 3946 LAKESHORE DRIVE NEW SMYRNA BEACH, FL 32168
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10000000



01262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1803026	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLLMAR, VERONICA 3946 LAKESHORE DRIVE NEW SMYRNA BEACH, FL 32168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, VERONICA	NAME	
STREET ADDRESS	3946 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, VERONICA	NAME	
STREET ADDRESS	3946 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, VERONICA	NAME	
STREET ADDRESS	3946 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, GERALD J	NAME	
STREET ADDRESS	3946 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, CLARENCE W	NAME	
STREET ADDRESS	8 SPRINGWOOD SQUARE	STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE, FL 32168	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLMAR, MICHAEL J	NAME	
STREET ADDRESS	3946 LAKESHORE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Veronica Collmar</i>	1-27-05	386-334-6198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Date

Daytime Phone #