

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90013 012 ***150.00

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1. Entity Name
SISL, INC.



Principal Place of Business
102 NORTH 19TH STREET
PALATKA, FL 32177

Mailing Address
3665 DOCTOR'S LAKE DRIVE
ORANGE PARK, FL 32065

40037100



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5272227

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEAS, CHAMREOUN S
3665 DOCTOR'S LAKE DRIVE
ORANGE PARK, FL 32065

**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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IV, SOPHY L
STREET ADDRESS	849 CREIGHTON ROAD
CITY-ST-ZIP	ORANGE PARK, FL 32003
TITLE	VP
NAME	LIM, SOPHAN
STREET ADDRESS	3665 DOCTOR'S LAKE DRIVE
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

Daytime Phone #

(404) 594-5921 WK