

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000092634

Entity Name: SISL , INC.

**FILED**  
**Mar 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

102 NORTH 19TH STREET  
PALATKA, FL 32177

**New Principal Place of Business:**

**Current Mailing Address:**

3665 DOCTOR'S LAKE DRIVE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 20-5272227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEAS, CHAMREOUN S  
3665 DOCTOR'S LAKE DRIVE  
ORANGE PARK, FL 32065 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: P  
Name: IV, SOPHY L  
Address: 849 CREIGHTON ROAD  
City-St-Zip: ORANGE PARK, FL 32003

Title: VP  
Name: LIM, SOPHAN  
Address: 3665 DOCTOR'S LAKE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

I hereby 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 all other like empowered.

SIGNATURE: SOPHY IV

P

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date