


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P26424 1. Entity Name FLORIDA SISCO, INC.	
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Principal Place of Business 184 E. INEZ RD. P. O. BOX 1347 DOTHAN, AL 36302-1347 US	Mailing Address P.O. BOX 1347 DOTHAN, AL 36302-1347 US
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DO NOT WRITE IN THIS SPACE



07262006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0941614	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLAYTON, KRIS
2672 LAKEVIEW CIRCLE
ALFORD, FL 32420

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLAYTON, WAYNE 184 E. INEZ RD DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAYTON, BOBBY 115 KING DRIVE WEBB, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENS, JOHN 1006 SHOREWOOD DOTHAN, AL
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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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: Wayne Clayton Wayne Clayton, President 7/27/06 334-794-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #