


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90209 018 ***150.00

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1. Entity Name
FLORIDA PROFESSIONAL SYSTEMS INC.



Principal Place of Business
3755 N. INDIAN RIVER DR.
COCOA, FL 32926 US

Mailing Address
3755 N. INDIAN RIVER DR.
COCOA, FL 32926 US

66422848



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3156498

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JORDAN, JAMES T
3755 N. INDIAN RIVER DRIVE
COCOA, FL 32928

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	JORDAN, JAMES T
STREET ADDRESS	3755 N INDIAN RIVER DR
CITY - ST - ZIP	COCOA, FL 32928
TITLE	P
NAME	JORDAN, TERRI P
STREET ADDRESS	3755 N INDIAN RIVER DR
CITY - ST - ZIP	COCOA, FL 32928
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 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: James T. Jordan James T. Jordan 5-17-04 321-480-4005
SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR Date Daytime Phone #