

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90004 034 ***150.00

DOCUMENT # P94000017422					
1. Entity Name INFORMATION SYSTEMS GROUP, INC.					
Principal Place of Business 17125 CITRUS WAY BROOKSVILLE, FL 34614			Mailing Address 17125 CITRUS WAY BROOKSVILLE, FL 34614 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0475930	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ALFORD, MERCY 17125 CITRUS WAY BROOKSVILLE, FL 34614			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 <i>Mercy E. Alford</i> Signature, typed or printed name of registered agent and the fee applicable		MERCY E. ALFORD (NOTE: Registered Agent signature required when re-registering)		1-7-05 DATE	
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ALFORD, MERCY 4400 BIRMIN DR HERNANDO BCH, FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	17125 Citrus Way BROOKSVILLE, FL 34614	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 807, 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>Mercy E. Alford</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		MERCY E. ALFORD Date		1-7-05 Daytime Phone #	
				352-754-8920	