2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 24, 2005 08:00 AM DOCUMENT # P94000078167 **Secretary of State** 1. Entity Name H SYSTEMS DESIGN & INSTALLATION, INC. Mailing Address Principal Place of Business 4153 SW 47 AVE BAY 151 DAVIE FL 33314 4153 SW 47 AVE BAY 151 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0528787 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOUT, DAVID L Street Address (P.O. Box Number is Not Acceptable) 9000 W SHERIDAN ST # 102 EPMBROKE PINES FL 33024 City 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, 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 9. Election Campaign Financing **\$5,00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DILE Change Change ☐ Addition TITLE ☐ Delete NAME DREYER, CHARLES E NAME STREET ADDRESS 2840 S.W. 82 WAY STREET ADDRESS. CIT-SI-ZIP CITY-ST-ZIP DAVIE FL Delete HEE ☐ Change ☐ Addition DREYER, COLLEEN NAME MAME 0000001193079 4153 S.W. 47 AVE., BAY 151 STREET ADDRESS STREET ADORESS 01/25/05-80044-018 150.00 CHY ST-ZIP FT. LAUDERDALE FL 33314 CITY-ST-7iP ☐ Change Addition Delete TITLE THLE NAME STREET AUDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST ZIP Change Addition HILE Delete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE ITILE NAME SEREFL ARREST STREET ADDRESS CULY-ST-ZIP CITY SI-718 Change Addition Delete DHE HILLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP COY-SU-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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

IG OFFICER OR DIRECTOR