


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90386 024 ***150.00

DOCUMENT # P96000002423 1. Entity Name SYSTEMS INTEGRATION SOLUTIONS, INC.					
Principal Place of Business 3901 COCONUT PALM DRIVE SUITE 110 TAMPA, FL 33619 US			Mailing Address 3901 COCONUT PALM DRIVE SUITE 110 TAMPA, FL 33619 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0644199	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASEY, CRAIG S 745 CRUISE VIEW TAMPA, FL 33601			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 816 BIRDIE WAY APOLLO BEACH FL 33572		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CASEY, CRAIG S 745 CRUISE VIEW TAMPA, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 816 BIRDIE WAY APOLLO BEACH, FL 33572	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASEY, WILLIAM N 3323 GULF CITY ROAD RUSKIN, FL 33570 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASEY, LEANN T 3323 GULF CITY ROAD RUSKIN, FL 33570 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: LeAnn T. Casey <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			LEANN T. CASEY <small>Date</small> 04-18-06 <small>Daytime Phone #</small> 813-630-1911		

40057000



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0644199

Applied For
Not Applicable

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

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
After May 1, 2006 Fee will be \$550.00**

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
**P
CASEY, CRAIG S
745 CRUISE VIEW
TAMPA, FL 33602**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**816 BIRDIE WAY
APOLLO BEACH, FL 33572**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CASEY, WILLIAM N
3323 GULF CITY ROAD
RUSKIN, FL 33570**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
**ST
CASEY, LEANN T
3323 GULF CITY ROAD
RUSKIN, FL 33570**

☐ Delete

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CITY-ST-ZIP

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SIGNATURE: LeAnn T. Casey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEANN T. CASEY
Date **04-18-06** Daytime Phone # **813-630-1911**