

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000097149

1. Entity Name
COMMAND SOFTWARE SYSTEMS, INC.



Principal Place of Business
**1061 E. INDIANTOWN ROAD, #500
JUPITER, FL 33477**

Mailing Address
**1061 E. INDIANTOWN ROAD, #500
JUPITER, FL 33477**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3957852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FREERICKS, HELMAN
1061 E INDIANTOWN RD #500
JUPITER, FL 33477-5143**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	CEOC
NAME	SHARP, JOHN
STREET ADDRESS	1061 E. INDIANTOWN ROAD, #500
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	VS
NAME	FREERICKS, HELMUTH
STREET ADDRESS	1061 E. INDIANTOWN ROAD, #500
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	V
NAME	NIELSEN, PETE
STREET ADDRESS	1061 E INDIANTOWN RD #500
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	O
NAME	BRADEN, PHIL
STREET ADDRESS	1061 E INDIANTOWN RD # 500
CITY-ST-ZIP	JUPITER, FL 33477

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CEO

4/29/04

561-575-3200

Date

Daytime Phone #