

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088835

FILED
Apr 29, 2004
Secretary of State

Entity Name: SOFTWARE IMPLEMENTATIONS, SETUP AND INSTRUCTIONAL SERVICES, INC.

Current Principal Place of Business:

6642 WEST COUNTY ROAD 476
BUSHNELL, FL 33513

New Principal Place of Business:

4783 SCHOOL ROAD
LAND O LAKES, FL 34639

Current Mailing Address:

6642 WEST COUNTY ROAD 476
BUSHNELL, FL 33513

New Mailing Address:

4783 SCHOOL ROAD
LAND O LAKES, FL 34639

FEI Number: 59-3477355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, JAMES CLARK
6642 WEST C 476
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

JOHNSON, JAMES CLARK
4783 SCHOOL ROAD
LAND O LAKES, FL 34639 US

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.

SIGNATURE: _____

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, JAMES C
Address: 6642 WEST COUNTY ROAD 476
City-St-Zip: BUSHNELL, FL 33513

Title: ST () Delete
Name: CONRAD JOHNSON, LORI
Address: 6642 WEST COUNTY ROAD 476
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOHNSON, JAMES C
Address: 4783 SCHOOL ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: ST (X) Change () Addition
Name: CONRAD JOHNSON, LORI
Address: 4783 SCHOOL ROAD
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C JOHNSON

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date