


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90049 005 ***150.00

DOCUMENT # P98000021587 1. Entity Name STOCKSYSTEM.COM INC.					
Principal Place of Business 536 N. FLETCHER AVENUE SUITE #1 FERNANDINA BEACH, FL 32034			Mailing Address P.O. BOX 15923 FERNANDINA BEACH, FL 32035-3116		
2. Principal Place of Business 1894 S. 14th St.		3. Mailing Address			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc.			
City & State Fernandina Beach		City & State			
Zip 32034		Country NASSAU		Zip Country	
4. FEI Number 59-3498532				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCKINLEY, WILLIAM E 536 N. FLETCHER ROAD SUITE#1 FERNANDINA BEACH, FL 32034			7. Name and Address of New Registered Agent Name William E. McKinley Street Address (P.O. Box Number is Not Acceptable) 734 A Tarpon Ave. City Fernandina Bch FL Zip Code 32034		
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 <u><i>William McKinley</i></u> William McKinley President 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 MCKINLEY, WILLIAM 536 N. FLETCHER AVE #1 FERNANDINA BEACH, FL 32034 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P William McKinley 734 A Tarpon Ave. Fernandina Beach, FL 32034 <input checked="" 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	D Douglas Newberry 96093 Sweetbriar Lane Yulee, FL 32097 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u><i>William McKinley</i></u> William McKinley 4/11/05 904-491-8900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					