2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000027158

1. Entity Name
FACILITY INTEGRATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2323 S WASHINGTON AVE SUITE 213 TITUSVILLE, FL 32780 US	P O BOX 1358 CHRISTMAS, FL 32709 US

04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3567749
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MCDERMOTT, JOHN M III
24088 SISLER AVENUE
CHRISTMAS, FL 32709

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000913253
05/08/08-80008-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	MCDERMOTT, JOHN M III
STREET ADDRESS	24088 SISLER AVENUE
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	D
NAME	LENEVE, RICHARD
STREET ADDRESS	6746 DICKISON RD
CITY-ST-ZIP	DUNLAP, IL 61525
TITLE	S
NAME	SCHECK, ROGER
STREET ADDRESS	514 ANKLE LANE
CITY-ST-ZIP	METAMORA, IL 61548
TITLE	T
NAME	PENNOINGTON, JEFF
STREET ADDRESS	1309 WOODS FARM LANE
CITY-ST-ZIP	SPRINGFIELD, IL 62704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/17/08 309-266-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone