

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000027158

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FACILITY INTEGRATION SOLUTIONS, INC.

**Current Principal Place of Business:**

2323 S WASHINGTON AVE  
SUITE 213  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1358  
CHRISTMAS, FL 32709 US

**New Mailing Address:**

**FEI Number:** 59-3567749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** V  
**Name:** MCDERMOTT, JOHN M III  
**Address:** 24088 SISLER AVENUE  
**City-St-Zip:** CHRISTMAS, FL 32709

**Title:** D  
**Name:** LENEVE, RICHARD  
**Address:** 6746 DICKISON RD  
**City-St-Zip:** DUNLAP, IL 61525

**Title:** S  
**Name:** SCHECK, ROGER  
**Address:** 514 ANKLE LANE  
**City-St-Zip:** METAMORA, IL 61548

**Title:** T  
**Name:** PENNOINGTON, JEFF  
**Address:** 1309 WOODS FARM LANE  
**City-St-Zip:** SPRINGFIELD, IL 62704

I hereby 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 all other like empowered.

**SIGNATURE:** RICHARD LENEVE

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date