

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029926

FILED
Mar 26, 2008
Secretary of State

Entity Name: FAIRCLOTH INFORMATION TECHNOLOGY SYSTEMS, INC.

Current Principal Place of Business:

6011 NATIVE WOODS DR
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6011 NATIVE WOODS DR
TAMPA, FL 33625

New Mailing Address:

FEI Number: 59-3611882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAIRCLOTH, ALTON L PRES
1311 N. WESTSHORE BLVD.
SUITE 201
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

FAIRCLOTH, ALTON L PRES
6011 NATIVE WOODS DRIVE
TAMPA, FL 33625 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:

03/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FAIRCLOTH, ALTON L
Address: 6011 NATIVE WOODS DR.
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: FAIRCLOTH, SANDRA
Address: 6011 NATIVE WOODS DR.
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALTON L. FAIRCLOTH

PRES

03/26/2008

Electronic Signature of Signing Officer or Director

Date