## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P99000064605**

STRUCTURED SYSTEMS, INCORPORATED

**FILED** Jul 07, 2005 08:00 AM Secretary of State

Principal Place of Business

6509 SURFSIDE BLVD. APOLLO BEACH, FL 33572 Mailing Address

6509 SURFSIDE BLVD. APOLLO BEACH, FL 33572



DO NOT WRITE IN THIS SPACE

07042005	No Chg-P	CR2E034 (1	0/03)
. FEI Number			Applied For
59-3591	1252		Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

ZACCARI, RUSSELL C 6509 SURFSIDE BLVD. APOLLO BEACH, FL 33572

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered agent and to	rie if applicable. [NOTE: Registered Agent signs	ture required when reinstiting)	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Campaign F		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIR	ECTORS	- 7			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZACCARI, RUSSELL 6509 SURFSIDE BLVD PEARLINGTON, MS 39572			inggrad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZACCARI, DENISE M 6905 SURFISDE BLVD APOLLO BEACH, FL 33872		-	Ü0∪0003712V5 07/07-80008-009 150,00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE		
TITLE NAME STREET ADDRESS GTTY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. <u>.</u> "			
12. I hereby of indicated of the corchanged	certify that the information supplied with this on this report or supplemental report is tru- poration or the receiver or trustee empower or on an attachment with an address, with	s filing does not qualify for the exemption size e and accurate and that my signature shall i red to execute this report as required by Ch all other like empowered.	ated in Section 119.07(3) have the same legal effe apter 607, Florida Statut	(f), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if		

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