

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000102885

1. Entry Name

STRUCTURAL SYSTEMS, INC.



Principal Place of Business

440 E SAMPLE RD  
STE 207  
POMPANO BEACH, FL 33064 US

Mailing Address

440 E SAMPLE RD  
STE 207  
POMPANO BEACH, FL 33064 US



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0964745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZETWICK, CHRISTOPHER J  
1565 SE 5TH STREET  
DEERFIELD BEACH, FL 33441

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HEGEDUS, GEORGE A  
STREET ADDRESS 5026 MALLARDS CT  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VP  
NAME ZETWICK, CHRISTOPHER  
STREET ADDRESS 1565 SE 5TH STREET  
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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02/28/05-80020-005 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-781-5397  
2/25/05