

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # S10949

1. Entity Name
SERVICE INTEGRATORS, INC.



Principal Place of Business
2889 NE 26 ST
FT LAUDERDALE, FL 33305

Mailing Address
2889 NE 26 ST
FT LAUDERDALE, FL 33305



06282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0224923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOCK, BUDDY H.
2889 NE 26 ST
FT LAUDERDALE, FL 33305

**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

(Type, type for printed name of registered agent and file if applicable)

(NOTE: Registered Agent's signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOCK, BUDDY H.
STREET ADDRESS	2889 NE 26 ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	SD
NAME	MOCK, FAYE J.
STREET ADDRESS	2889 NE 26 ST
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369958
07/01/05-80003-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 law empowered

SIGNATURE

Buddy H. Mock Buddy H. Mock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-05 (954)563-4109

Date

On/Time Filing