

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90007 035 ***158.75

DOCUMENT # V46459

1. Entity Name
MR SYSTEMS, INC.



Principal Place of Business

**ONE MECA WAY
NORCROSS, GA 30093**

Mailing Address

**ONE MECA WAY
NORCROSS, GA 30093**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3152575

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PULLER, ROBLEY S P.E.
2130 NW 51ST TERRACE
GAINESVILLE, FL 32605**

**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	BERCIK, JAMES R
STREET ADDRESS	4040 NOBLIN RIDGE DRIVE
CITY - ST - ZIP	DULUTH, GA 30097
TITLE	VP
NAME	PULLER, ROBLEY S
STREET ADDRESS	2130 NW 51ST TERRACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	ST
NAME	HOPKINS, THOMAS H JR.
STREET ADDRESS	4496 OTHA WAY one Interlochen Drive
CITY - ST - ZIP	LILBURN, GA 30047 Hilton Head, SC 29928
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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)(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: *Robley S Puller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/05 (352) 375-6714
Date Daytime Phone #