

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 008 ***150.00

DOCUMENT # L66177

1. Entity Name
FLORIDA SUB SYSTEMS, INC.



Principal Place of Business
C/O JAMES H. BENEDICT
1200 NORTH WOODLAND BLVD.
DELAND, FL 32720-2252

Mailing Address
640 N PENINSULA R
DAYTONA BEACH, FL 32118 US

20031443



03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3005039

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BENEDICT, JAMES H.
28 BAY POINTE DRIVE
640 N. PENINSULA DRIVE
DAYTONA BEACH, FL 32118

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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	DVP
NAME	FISCHER, ROBERT
STREET ADDRESS	1689 TOWN PARK DRIVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32119 <i>Port Orange, FL 32129</i>
TITLE	DST
NAME	MARGUERITE E. BENEDICT
STREET ADDRESS	28 BAY POINTE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	DP
NAME	BENEDICT, JAMES H.
STREET ADDRESS	28 BAY POINTE DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marguerite E. Benedict 4-8-05 386-255-1222