

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

|   |                                   |                     |   |  |  |
|---|-----------------------------------|---------------------|---|--|--|
| <b>DOCUMENT # P99000027158</b><br>1. Entity Name<br><b>FACILITY INTEGRATION SOLUTIONS, INC.</b>   |                                   |                     |   |  |  |
| Principal Place of Business<br><b>2323 S WASHINGTON AVE<br/>#214<br/>TITUSVILLE FL 32780<br/>US</b>   |                                   |                     | Mailing Address<br><b>2323 S WASHINGTON AVE<br/>#214<br/>TITUSVILLE FL 32780<br/>US</b>                             |  |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc. |   |  |  |
| City & State  |                                   | City & State        |   |  |  |
| Zip   | Country                           | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                                   |                     |   | 7. Name and Address of New Registered Agent  |  |
| <b>MCDERMOTT, JOHN M III<br/>2323 S WASHINGTON AVE, SUITE 214<br/>TITUSVILLE FL 32780</b>   |                                   |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                       |                                   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |                                   |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  |  |  |
| TITLE   | D <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MCDERMOTT, JOHN M III             |                     | NAME  |  |  |
| STREET ADDRESS  | 2323 S WASHINGTON AVE, SUITE 214  |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | TITUSVILLE FL 32780               |                     | CITY-ST-ZIP   |  |  |
| TITLE   | S <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MCDERMOTT, JOHN M II              |                     | NAME  |  |  |
| STREET ADDRESS  | 8 CHESTNUT CT                     |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | PALM COAST FL 32137               |                     | CITY-ST-ZIP   |  |  |
| TITLE   | T <input type="checkbox"/> Delete |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | MCDERMOTT, BARBARA B              |                     | NAME  |  |  |
| STREET ADDRESS  | 24088 SISLER AVE                  |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | CHRISTMAS FL 32709                |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete   |                     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                   |                     | NAME  |  |  |
| STREET ADDRESS  |                                   |                     | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                   |                     | CITY-ST-ZIP   |  |  |



MOORE CR2E034 (11/03)

4. FEI Number **59-3567749** ☐ Applied For ☐ Not Applicable

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

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

|                |                                   |
|----------------|-----------------------------------|
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| CITY-ST-ZIP    | CHRISTMAS FL 32709                |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |
| TITLE          | <input type="checkbox"/> Delete   |
| NAME           |                                   |
| STREET ADDRESS |                                   |
| CITY-ST-ZIP    |                                   |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 like empowered.

**SIGNATURE:** *Barbara Brown McDermott* *Barbara Brown McDermott* *2/5/04* *407 5681159*