2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # 379614

1. Entity Name
PRACTICAL SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
11617 PROSPECT RD ODESSA, FL 33556 US	11617 PROSPECT RD ODESSA, FL 33556 US

01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1346745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, G.P.
27802 ARLINGTON RD
ZEPHYRHILLS, FL 33544

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JANKURA, JUNE
STREET ADDRESS	520 S. WOODLANDS DR.
CITY-ST-ZIP	OLDSMAR, FL
TITLE	D
NAME	MACARTNEY, WILLIAM
STREET ADDRESS	1676 LINCOLN AVE
CITY-ST-ZIP	UTICA, NLYL 00000,
TITLE	DV
NAME	HERNANDEZ, MATTHEW
STREET ADDRESS	7451 ISLANDER LANE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	DP
NAME	HERNANDEZ, G.P.
STREET ADDRESS	27802 ARLINGTON ROAD
CITY-ST-ZIP	ZEPHYRHILLIS, FL 33544
TITLE	ST
NAME	HERNANDEZ, SARA
STREET ADDRESS	7451 ISLANDER LANE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80014-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: M Hernandez Matthew L. Hernandez 1-6-06 727-376-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #