2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 719954

1. *Entity Name*
PRIDE INTEGRATED SERVICES, INC.

Principal Place of Business	Mailing Address
1310 N. CONGRESS AVENUE SUITE #200 WEST PALM BEACH, FL 33409	1310 N. CONGRESS AVENUE SUITE #200 WEST PALM BEACH, FL 33409

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01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
23-7098114
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONSIDINE, JOSEPH M
515 N. FLAGLER DR. #702
WEST PALM BEACH, FL 33401

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	HERTER, GAREY
STREET ADDRESS	5601 CORPORATE WAY 320
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	PD
NAME	GEORGE, MIM MS.
STREET ADDRESS	421 3RD STREET
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	D
NAME	MCGREEVEY, PATRICK
STREET ADDRESS	421 3RD STREET
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	CFO
NAME	POTTER, JOHN
STREET ADDRESS	1897 PALM BEACH LAKES BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	CEO
NAME	FERRILL, MAUREEN
STREET ADDRESS	1310 N. CONGRESS AVENUE - SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/05-80032-009 61.25

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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 617, 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: John M Potter JOHN M POTTER 3/9/05 (561) 684-2370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #