

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90121 036 ***150.00

DOCUMENT # P02000100974

1. Entity Name
THRESHOLD PLACEMENT SERVICES, INC.



Principal Place of Business
**771 S KIRKMAN RD SUITE 115
ORLANDO, FL 32811**

Mailing Address
**771 S KIRKMAN RD SUITE 115
ORLANDO, FL 32811**

14018415



06292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3652667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JONES, JULIA K
2224 LANGLEY CIRCLE
ORLANDO, FL 32835**

**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 \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, JULIA K
STREET ADDRESS	2224 LANGLEY CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Julia K Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/29/05 *407 294 4370*

Julia K Jones

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

ATTACHMENT

14018415
P02 000100974

June 30, 2005

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

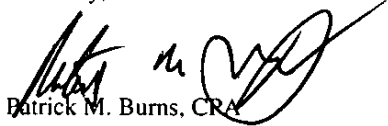
RE: **Threshold Placement Services, Inc.**

Dear Sir or Madam:

Please note that I represent the above taxpayer in all federal, state, and local tax matters. I am in receipt of the enclosed postcard regarding the 2005 Notice of Intent to Dissolve. Please note that the taxpayer relocated offices and did not receive the original notice to file their annual report. Enclosed please find the 2005 For Profit Corporation Annual Report and check #1544 in the amount of \$150.00.

The taxpayer respectfully requests the removal of any late fees and penalties due, as they were unaware of the filing deadline until now. Should you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your assistance in this matter.

Sincerely,



Patrick M. Burns, CPA

cc: **Threshold Placement Services, Inc.**