

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24844

Entity Name: PTG SERVICES, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

503 10TH ST. WEST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 806
PALMETTO, FL 34220

New Mailing Address:

FEI Number: 65-0234675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELLER, BILLY L JR.
503-10TH ST., WEST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESFORMES, NATHAN J
Address: 503 10TH ST. WEST
City-St-Zip: PALMETTO, FL 34221

Title: VD () Delete
Name: ESFORMES, JOSEPH
Address: 503 10TH ST W
City-St-Zip: PALMETTO, FL

Title: VD () Delete
Name: HELLER, HARVEY
Address: 135 S. NINTH ST
City-St-Zip: WINTER GARDEN, FL 32878

Title: D () Delete
Name: FALK, HARRY
Address: 135 S. NINTH ST
City-St-Zip: WINTER GARDEN, FL 32878

Title: CEO () Delete
Name: HELLER, BILLY L JR
Address: 503-10TH ST W
City-St-Zip: PALMETTO, FL 34220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHAN ESFORMES

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date