

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020241

Entity Name: POWER PRO-TECH SERVICES, INC.**Current Principal Place of Business:**377 MAITLAND AVE., STE 1010
ALTAMONTE SPRINGS, FL 32701-5442**Current Mailing Address:**377 MAITLAND AVE., STE 1010
ALTAMONTE SPRINGS, FL 32701-5442**FEI Number:** 01-0590478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYRNE, ROBERT J
377 MAITLAND AVE.
SUITE 1010
ALTAMONTE SPRINGS, FL 32701 US*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

Officer/Director Detail :

| | |
|-----------------|-------------------------------|
| Title | PRESIDENT, CEO |
| Name | BYRNE, ROBERT J |
| Address | 377 MAITLAND AVE., SUITE 1010 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

| | |
|-----------------|-------------------------------|
| Title | VP |
| Name | BYRNE, KATHERINE H |
| Address | 377 MAITLAND AVE., SUITE 1010 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

| | |
|-----------------|--------------------------------|
| Title | SECRETARY, TREASURER |
| Name | BYRNE, KATHERINE H |
| Address | 377 MAITLAND AVE SUITE 1010 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

| | |
|-----------------|--------------------------------|
| Title | COO |
| Name | SIMMONS, GEOFFREY J. |
| Address | 377 MAITLAND AVE SUITE 1010 |
| City-State-Zip: | ALTAMONTE SPRINGS FL 32701 |

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE BYRNE

VP

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date