

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90024 043 ***150.00

DOCUMENT # F01000002521

1. Entity Name
PROFESSIONAL TECHNICAL SERVICES, INC.



Principal Place of Business
**1160 EASTPORT RD.
JACKSONVILLE, FL 32218**

Mailing Address
**1160 EASTPORT RD.
JACKSONVILLE, FL 32218**

34047100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

71-0774354

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARETTE, KEITH
1160 EASTPORT RD.
JACKSONVILLE, FL 32218

Name

Kathryn Trivette

Street Address (P.O. Box Number is Not Acceptable)

1160 Eastport Rd.

City

Jacksonville

FL

Zip Code

322082

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 this is applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Kathryn Trivette v.p. Kathryn Trivette

2/28/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **PARETTE, KEITH**
STREET ADDRESS **1160 EASTPORT RD.**
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **HOLLAND, KEITH**
STREET ADDRESS **8299 NW 30TH TERRACE**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **TRIVETTE, KATHRYN**
STREET ADDRESS **1160 EASTPOINT ROAD**
CITY-ST-ZIP **JACKSONVILLE, FL 322182214**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Kathryn Trivette Kathryn Trivette

2/28/04

904-290-8986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #