

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002555

FILED
Apr 23, 2004
Secretary of State

Entity Name: NATIONAL CONTROL SERVICES, INC.

Current Principal Place of Business:

111 CRESSTON ROAD
ARNOLD, MD 21012

New Principal Place of Business:

Current Mailing Address:

111 CRESSTON ROAD
ARNOLD, MD 21012

New Mailing Address:

FEI Number: 52-1845938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JACK SR.
C/O ROTH BROTHERS INC.
2478 SAND LAKE ROAD
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

WILSON, JACK SR.
3845 FEATHER DRIVE
LAKELAND, FL 33813 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:

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, DIXIE
Address: 111 CRESSTON ROAD
City-St-Zip: ARNOLD, MD 21012

Title: S () Delete
Name: WILSON, ELIZABETH
Address: 111 CRESSTON ROAD
City-St-Zip: ARNOLD, MD 21012

Title: CEO () Delete
Name: WILSON, JACK SR.
Address: 111 CRESSTON RD.
City-St-Zip: ARNOLD, MD 21012

Title: SVP () Delete
Name: WILSON, JACK JR.
Address: 116 TAYLOR ROAD
City-St-Zip: CENTREVILLE, MD 21617

Title: VPFO () Delete
Name: ALLEN, RONALD
Address: 1018 COURTLAND DRIVE
City-St-Zip: SYKESVILLE, MD 21784

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 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 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: DIXIE WILSON

P

04/23/2004

Electronic Signature of Signing Officer or Director

Date