2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 07, 2005 8:00 am Secretary of State **DOCUMENT # F25316** 1. Entity Name 01-07-2005 90004 043 ***150.00 PNEÚMATIC SERVICES, INC. Principal Place of Business Mailing Address 112 N. GREENWOOD AVE. 1121 JACKSON RD 50000458 CLEARWATER, FL 34615-4602 US CLEARWATER, FL 34615-4602 2. Principal Place of Business 3. Mailing Address 19 N 21977 US HWY 21977 US HWY 01042005 CR2E034 (10/03) Cho-P City & State City & State 4. FEI Number Applied For earwater Clearwater 59-2157512 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent * --6. Name and Address of Current Registered Agent~ Walters Edmund WALTERS, EDMUND L, JR Street Address (P.O. Box Number is Not Acceptable) 1121 JACKSON RD CLEARWATER, FL City Zip Code 337 Clearwater 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change DP Delete TITLE Addition TITLE Walters, Edmund L, Jr WALTERS, EDMUND L JR NAME NAME 1761 Doncaster Rd. 1121 JACKSON ROAD STREET ADDRESS STREET ADDRESS CLEARWATER, FL 00000, Clearwater, FL 33764 CITY+ST-71P CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED