


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90018 029 \*\*\*158.75

<b>DOCUMENT # F70319</b> 1. Entity Name FUTURE CONTROLS, INC.	
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Principal Place of Business 5780 ENTERPRISE PKWY FORT MYERS, FL 33905	Mailing Address PO BOX 51047 FORT MYERS, FL 33994
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40018572



2. Principal Place of Business 5719 Zip Drive	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

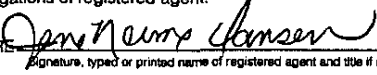
02032005 Chg-P CR2E034 (10/03)

City & State Fort Myers, FL	City & State
Zip 33905	Country USA
Zip	Country

4. FEI Number 59-2167429	Applied For Not Applicable
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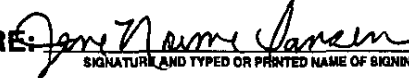
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEVITT, JAMES NORMAN 2406 S.W. 40TH TERR. CAPE CORAL, FL 33914	7. Name and Address of New Registered Agent Name Jane Norma Hansen Street Address (P.O. Box Number is Not Acceptable) 12828 Devonshire Lakes Circle City Fort Myers FL Zip Code 33913
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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 	Jane Norma Hansen, VP	2/02/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEVITT, JAMES NORMAN 2406 S.W. 40TH TERR. CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSEN, JANE NORMA 4673 LONG LAKE DR FT MEYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12828 Devonshire Lakes Circle Fort Myers, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS HANSEN, JR. 4673 LONG LAKE DR FORT MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 133 Maple Street Glenn Heights TX 75154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JANE NORMA HANSEN	2/2/05 (239) 693-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	