

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90191 019 \*\*\*158.75

**DOCUMENT # F70319**

1. Entity Name

FUTURE CONTROLS, INC.



Principal Place of Business

5719 ZIP DRIVE  
FORT MYERS FL 33905

Mailing Address

PO BOX 51047  
FORT MYERS FL 33994



2. Principal Place of Business

5719 Zip Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite #1

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers FL

City & State

4. FEI Number

59-2167429

Applied For

Not Applicable

Zip

33905

Country

Lee

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HANSEN, JANE NORMA  
12828 DEVONSHIRE LAKES CIRCLE  
FORT MYERS FL 33913

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NEVITT, JAMES NORMAN	
STREET ADDRESS	2406 S.W. 40TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANSEN, JANE NORMA	
STREET ADDRESS	12828 DEVONSHIRE LAKES CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS HANSEN, JR.	
STREET ADDRESS	133 MAPLE STREET	
CITY-ST-ZIP	GLENN HEIGHTS TX 75154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2055 Willow Bend Drive	
STREET ADDRESS	Oak Leaf TX 75154	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary Paris	
STREET ADDRESS	21901 Claytor Road	
CITY-ST-ZIP	Alva, FL 33920	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (239)693-1313

Date

Daytime Phone #