

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90095 015 \*\*\*158.75

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # F70319</b>  |         |   |         |
| 1. Entity Name<br>FUTURE CONTROLS, INC.   |         |   |         |
| Principal Place of Business<br>5719 ZIP DRIVE<br>SUITE #1<br>FORT MYERS, FL 33905 |         | Mailing Address<br>PO BOX 51047<br>FORT MYERS, FL 33994 |         |
| 2. Principal Place of Business - No P.O. Box #                                    |         | 3. Mailing Address                                      |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.                                     |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



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|  |  |
|--|--|
| 4. FEI Number<br>59-2167429  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent<br>HANSEN, JANE NORMA<br>12828 DEVONSHIRE LAKES CIRCLE<br>FORT MYERS, FL 33913 |  | 7. Name and Address of New Registered Agent<br>Name Jane Norma Hansen<br>Street Address (P.O. Box Number is Not Acceptable) 5719 Zip Drive Suite #1<br>City Fort Myers, FL Zip Code 33905 |  |
|--|--|---|--|

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 Jane Norma Hansen 04/04/07  
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, 2007 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PARIS, GARY<br>21901 CLAYTOR ROAD<br>ALVA, FL 33920 <input type="checkbox"/> Delete                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5719 Zip Drive Suite #1<br>Fort Myers, FL 33905 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>HANSEN, JANE NORMA<br>12828 DEVONSHIRE LAKES CIRCLE<br>FORT MYERS, FL 33913 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5719 Zip Drive Suite #1<br>Fort Myers, FL 33905 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V<br>THOMAS HANSEN, JR.<br>2055 WILLOW BEND DRIVE<br>RED OAK, TX 75154 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>5719 Zip Drive Suite #1<br>Fort Myers, FL 33905 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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 Jane Norma Hansen 04/04/07 (239)693-1313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #