2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-21-2004 90065 010 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # G96383

1. Entity Name
PROFESSIONAL TECHNICAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
3900-A 31 ST.,N. ST. PETERSBURG FL 33714	3900-A 31 ST.,N. ST. PETERSBURG FL 33714

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2395057 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATSON, KIRBY- 201-2ND AVE N SUITE C ST PETERSBURG BEACH FL 33701	Name: JOSEPH CHUMBLEY Street Address (P.O. Box Number is Not Acceptable): 2517 1st AVE South City: St Petersburg FL Zip Code: 33712

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: J.M. Chumbley — JOSEPH CHUMBLEY — 4-15-04
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	SECRETARY, TREASURER	☒ Change ☐ Addition
NAME	PRENTICE, MIKE		NAME	PRENTICE, MIKE	
STREET ADDRESS	7944 9TH AVE. S.		STREET ADDRESS	7944 9th AVE South	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PRENTICE, MIKE		NAME	BENJAMIN C. CROXTON	
STREET ADDRESS	7944 9TH AVE. S.		STREET ADDRESS	920 16th AVE North	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE	VP	☐ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	O'BRIEN, JOHN		NAME	BENJAMIN C. CROXTON	
STREET ADDRESS	131 BLUFF VIEW DR		STREET ADDRESS	920 16th AVE North	
CITY-ST-ZIP	BELLAIR BLUFFS FL		CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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.

SIGNATURE: John Prentice President — 5-3-04 — 727-525-5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #