

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43329

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** PROCESS SYSTEMS AND CONTROLS INC.

**Current Principal Place of Business:**

P O BOX 82070  
TAMPA, FL 33682

**New Principal Place of Business:**

154 WHITAKER RD  
LUTZ, FL 33549

**Current Mailing Address:**

P O BOX 82070  
TAMPA, FL 33682

**New Mailing Address:**

**FEI Number:** 59-2989857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLER, JOHN  
12213 BRIGHTWATER BLVD  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: LOPRESTI, WILLIAM  
Address: 404 MADISON GROVE LN  
City-St-Zip: MAIETTA, GA 30064

Title: VP ( ) Delete  
Name: KELLER, JOHN  
Address: 12213 BRIGHTWATER BLVD  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LOPRESTI, WILLIAM  
Address: 404 MADISON GROVE LN  
City-St-Zip: MARIETTA, GA 30064

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** WILLIAM J. LOPRESTI

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04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date