

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L81400

1. Entity Name
P. F. A. SYSTEMS, INC.



Principal Place of Business
**5706 SW 170 ST
ARCHER, FL 32618 US**

Mailing Address
**5706 SW 170 ST
ARCHER, FL 32618 US**



01252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3013529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NELSON, BRUCE W.
5706 SW 170 ST
ARCHER, FL 32618**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NELSON, BRUCE W.
STREET ADDRESS	5706 SW 170 ST.
CITY-ST-ZIP	ARCHER, FL

TITLE	ST
NAME	STUART, PAT A
STREET ADDRESS	5706 SW 170TH STREET
CITY-ST-ZIP	ARCHER, FL 32618

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000301053
04/13/05-80016-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Bruce W. Nelson **BRUCE W. NELSON**

Date

Daytime Phone #

APR 11, 05 **495-2344**