

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014504

FILED  
Jan 11, 2005  
Secretary of State

Entity Name: PROFESSIONAL COMPUTING SOLUTIONS, INC.

## Current Principal Place of Business:

642 JERRELLS AVE.  
FT. WALTON BEACH, FL 32547

## New Principal Place of Business:

## Current Mailing Address:

642 JERRELLS AVE.  
FT. WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 04-3605420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILZ, STEVEN KENNETH  
642 JERRELLS AVE.  
FT. WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

MILZ, STEVEN K  
642 JERRELLS AVE.  
FT. WALTON BEACH, FL 32547 US

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: STEVEN K MILZ

01/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR ( ) Delete  
Name: MILZ, STEVEN K  
Address: 642 JERRELLS AVE.  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: MR ( ) Delete  
Name: DEVINE, JEFFERSON D JR  
Address: 5538 WYATT EARP WAY  
City-St-Zip: COLORADO SPRINGS, CO 80922

Title: MR ( ) Delete  
Name: PEARSON, TIMOTHY J  
Address: 472 SELFRIDGE DR  
City-St-Zip: COLORADO SPRINGS, CO 80916

Title: MR ( ) Delete  
Name: HERWICK, IVAN M  
Address: 113 BIG BEND BLVD.  
City-St-Zip: SWANSEA, IL 62226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: MR (X) Change ( ) Addition  
Name: HERWICK, IVAN M  
Address: 5426 WILLOW RIDGE RD  
City-St-Zip: ABILENE, TX 79606

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN K MILZ

MR

01/11/2005

Electronic Signature of Signing Officer or Director

Date