

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000014504

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: PROFESSIONAL COMPUTING SOLUTIONS, INC.

## Current Principal Place of Business:

805 BUTTON BUSH WAY  
NICEVILLE, FL 32578

## New Principal Place of Business:

## Current Mailing Address:

805 BUTTON BUSH WAY  
NICEVILLE, FL 32578

## 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 K  
805 BUTTON BUSH WAY  
NICEVILLE, FL 32578 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: MR ( ) Delete  
Name: MILZ, STEVEN K  
Address: 805 BUTTON BUSH WAY  
City-St-Zip: NICEVILLE, FL 32578 37

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: 272 GRIERSON ST  
City-St-Zip: FT LEAVENWORTH, KS 66027

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR (X) Change ( ) Addition  
Name: PEARSON, TIMOTHY J  
Address: 5552 HARTFIELD CT  
City-St-Zip: FAYETTEVILLE, NC 28311

Title: MR (X) Change ( ) Addition  
Name: HERWICK, IVAN M  
Address: 25 3RD INFANTRY ROAD  
City-St-Zip: FORT LEAVENWORTH, KS 66027

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: STEVEN K. MILZ

MR

01/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date