

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000014504

**FILED**  
**Feb 12, 2010**  
**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  
**Name:** MILZ, STEVEN K  
**Address:** 805 BUTTON BUSH WAY  
**City-St-Zip:** NICEVILLE, FL 32578 37

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

**Title:** MR  
**Name:** PEARSON, TIMOTHY J  
**Address:** 5552 HARTFIELD CT  
**City-St-Zip:** FAYETTEVILLE, NC 28311

**Title:** MR  
**Name:** HERWICK, IVAN M  
**Address:** 25 3RD INFANTRY ROAD  
**City-St-Zip:** FORT LEAVENWORTH, KS 66027

I hereby 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 all other like empowered.

**SIGNATURE:** STEVEN K. MILZ

MR

02/12/2010

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

\_\_\_\_\_  
Date