

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90034 002 ***150.00

DOCUMENT # P04000027556

1. Entity Name
PROJECT CONTROLS SERVICES CORP.



Principal Place of Business

**7 BUMELIA COURT
HOMOSASSA, FL 34446**

Mailing Address

**7 BUMELIA COURT
HOMOSASSA, FL 34446**

50066199



2. Principal Place of Business

**1123 HERNANDO ST
Suite, Apt. # etc.
B**

3. Mailing Address

**1123 HERNANDO ST
Suite, Apt. # etc.
B**

08112005

Chg-P

CR2E034 (10/03)

City & State

FORT PIERCE

City & State

FORT PIERCE

4. FEI Number

77-0423622

Applied For

Not Applicable

Zip

34949

Country

Zip

34949

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, DAVID
7 BUMELIA COURT
HOMOSASSA, FL 34446**

7. Name and Address of New Registered Agent

Name

WOOD, DAVID

Street Address (P.O. Box Number is Not Acceptable)

1123 HERNANDO ST

B

City

FORT PIERCE

FL

Zip Code

34949

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOOD, DAVID
7 BUMELIA COURT
HOMOSASSA, FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WOOD, TIFFANY
7 BUMELIA COURT
HOMOSASSA, FL 34446** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WOOD, DAVID
1123 HERNANDO ST # B
FORT PIERCE FL 34949** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WOOD, TIFFANY
1123 HERNANDO ST # B
FORT PIERCE FL 34949** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☐ Addition

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: **David Wood**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/05
Date

772-466-0778
Daytime Phone #