

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054232

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Entity Name:** PCNET TECH SERVICES, INC.

**Current Principal Place of Business:**

1935 EAST EDGEWOOD DRIVE  
SUITE M3  
LAKELAND, FL 33803

**New Principal Place of Business:**

1979 EAST EDGEWOOD DRIVE  
SUITE 105  
LAKELAND, FL 33803

**Current Mailing Address:**

1935 EAST EDGEWOOD DRIVE  
SUITE M3  
LAKELAND, FL 33803

**New Mailing Address:**

P.O. BOX 670  
EATON PARK, FL 33840

**FEI Number:** 20-0922225

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BALINGIT, JESSE  
1038 REYNOLDS ROAD  
LAKELAND, FL 33801 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: P ( ) Delete  
Name: BALINGIT, JESSE  
Address: 1038 REYNOLDS ROAD  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JESSE M BALINGIT

PRES

04/11/2005

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

\_\_\_\_\_ Date