

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145110

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA TECHNOLOGY MANAGED SERVICES, INC.

**Current Principal Place of Business:**

3728 PHILIPS HIGHWAY  
SUITE 46  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3728 PHILIPS HIGHWAY  
SUITE 46  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 20-2502401      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

COX, JAMES C JR.  
3728 PHILIPS HIGHWAY  
SUITE 46  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: COX, JAMES C JR.  
Address: 3728 PHILIPS HIGHWAY, SUITE 46  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D  
Name: COX, JAMES C JR.  
Address: 3728 PHILIPS HIGHWAY, SUITE 46  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: JAMES C. COX, JR. \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PST

03/21/2011

\_\_\_\_\_ Date