2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000144880

GANNON, JOHN

11927 ATLANTIC CIRCLE

BOCA RATON, FL 33428

Name:

Address: City-St-Zip: FILED Nov 10, 2008 Secretary of State

Entity Name: FLORIDA PTAC SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 6310 NIKKI LANE TAMPA, FL 33625 **Current Mailing Address: New Mailing Address:** 6310 NIKKI LANE 12607 4TH STREET TAMPA, FL 33625 FORT MYERS, FL 33905 FEI Number: 20-5696365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BECKSTEDT, JOHN 6310 NIKKI LÄNE TAMPA, FL 33625 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BECKSTEDT, JOHN BECKSTEDT, JOHN Name: Name: 6310 NIKKI LANE 6310 NIKKI LANE Address: Address: TAMPA, FL 33625 City-St-Zip: City-St-Zip: TAMPA, FL 33625 Title: Title: () Change () Addition (X) Delete Name: KEETON, JESSE L Name: P.O. BOX 3543 Address: Address: BRANDON, FL 33568 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PARSLEY, EVERETT M Name: Name: 12607 4TH STREET Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: (X) Delete Title: () Change () Addition SMITH, BRIAN Name: Name: Address: 164 COMMUNITY DRIVE Address: City-St-Zip: City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

GANNON, JOHN

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SIGNATURE: JOHN BECKSTEDT VP 11/10/2008