

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21598

FILED
Jan 04, 2005
Secretary of State

Entity Name: TELE-PRO SYSTEMS INC.

Current Principal Place of Business:

745 C NORTH DRIVE
MELBOURNE, FL 32934 US

New Principal Place of Business:

739B NORTH DRIVE
MELBOURNE, FL 32934 US

Current Mailing Address:

2180 WEATHERLY AVE
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 51-0299978 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRACKETT, BARBARA J
2180 WEATHERLY AVE
WEST MELBOURNE, FL 32904 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: PT () Delete
Name: BRACKETT, BARBARA J.,
Address: 2180 WEATHERLY AVE
City-St-Zip: W MELBOURNE, FL 32904 US

Title: V () Delete
Name: BRACKETT, HAROLD J.,
Address: 2180 WEATHERLY AVE
City-St-Zip: W MELBOURNE, FL 32904 US

Title: S () Delete
Name: BRACKETT, TODD R
Address: 4670 MANCHESTER DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: DIR () Delete
Name: BRACKETT, MARK J
Address: 2180 WEATHERLY AVE
City-St-Zip: W MELBOURNE, FL 32904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: BRACKETT, BARBARA J
Address: 2180 WEATHERLY AVE
City-St-Zip: W MELBOURNE, FL 32904 US

Title: V (X) Change () Addition
Name: BRACKETT, HAROLD J
Address: 2180 WEATHERLY AVE
City-St-Zip: W MELBOURNE, FL 32904 US

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

Title: DIR (X) Change () Addition
Name: BRACKETT, MARK J
Address: 3054 PINEDA CROSSING DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

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: BARBARA J. BRACKETT

PRES

01/04/2005

Electronic Signature of Signing Officer or Director

_____ Date