2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State
01-16-2004 90011 049 ***150.00

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01092004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000009569

1. Entity Name
FLORIDA PRO-TECH SERVICES, INC.

Principal Place of Business	Mailing Address
12605 AUTOMOBILE BLVD. CLEARWATER, FL 33762	12605 AUTOMOBILE BLVD. CLEARWATER, FL 33762

2. Principal Place of Business		3. Mailing Address	
10616 Echo Lake Dr.		10616 Echo Lake Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Odessa, FL 33556		City & State: Odessa, FL 33556	
Zip: 33556	Country: USA	Zip: 33556	Country: USA

4. FEI Number 59-3225517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOWLETT, HEDLEY V III
2152 BEVERLY LANE
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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] 1-12-04
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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD HOWLETT, HEDLEY V III 2152 BEVERLY LANE CLEARWATER, FL 33763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 1-12-04 813-972-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #