


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000074662

1. Entity Name
GENERAL CONTROLS, INC.



Principal Place of Business Mailing Address

1050 KAPP DRIVE PO BOX 5768
 CLEARWATER, FL 33765 US LAKELAND, FL 33807 US

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3400968 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENKINS, MICHAEL C
 5446 HIGHLANDS VISTA CIRCLE
 LAKELAND, FL 33813

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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, typed or printed name of registered agent and % if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JENKINS, MICHAEL C
STREET ADDRESS	5446 HIGHLANDS VISTA CIRCLE
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	TS
NAME	JENKINS, POLLY
STREET ADDRESS	5446 HIGHLANDS VISTA CIRCLE
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	V
NAME	JENKINS, DON
STREET ADDRESS	630 KIRKSWOOD CT
CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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400000351758
 05/02/05-80159-015 150.00

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:  **Michael Jenkins** 4/29/05 863-683-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #