2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 08:00 AN Secretary of State

ANNUAL REPURI			Secretary of Star			
DOCUMENT # P97000013	328			Se	ecretary of Sta	
1. Entity Name					v	
PERSONAL COMPUTER SOLUTION	S, INC.		į			
		The state of the s	į			
Principal Place of Business	Mailing Address		}			
8767 PLANTATION RIDGE BLVD.	8767 PLANTATION RIDGE BLVD.]			
LAKELAND, FL 33809	LAKELAND, FL 33809	•	[
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			04062005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE		E	4. FEI Numb		Applied For	
		and a second section of	59-343	31925	Not Applicable	
The second secon		Special Control of the Control of th	5. Certificate	of Status Desired	S8.75 Additional Fee Required	
6. Name and Address of Current R	gistered Agent	·				
GERSTLER, DOUGLAS A						
8767 PLANTATION RIDGE BLVD.			DO	NOT W	KIIE	
LAKELAND, FL 33809			IN T	THIS SP	ACE	
			11.4		AUL	
	**		orani and			
8. The above named entity submits this statement for t	he purpose of changing its registered	office or register			ida. I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and	Stir if annihoods ACCT. Charles and				DATE	
Servicios, operar primeo narria o ragistarea agent an	i man it appricable. (NO) E. Hagisterad a	Deut ejättetine tedriked	when remeasing)		DATE	
FILE NOW!!! FEE IS \$150.00	9. Election Campaign Financi	ing \$5 .	00 May Be			
After May 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	☐ Adde	ed to Fees			
10. OFFICERS AND D	RECTORS			L		
TITLE DPT						
NAME GERSTLER, DOUGLAS A	· ·					
STREET ADDRESS 8767 PLANTATION RIDGE BLVD.	Ì			2 (200 (00.00), 00.00)		
CITY-ST-ZIP LAKELAND, FL 33809				0000000 	1340964 80136-022 150.00	
TITLE DVS	ľ			04/ 50/ 60	OU100 DEE 100.60	
NAME GERSTLER, DEBRA A STREET ADDRESS 8767 PLANTATION RIDGE BLVD	3					
CITY-ST-ZIP LAKELAND, FL 33809						
BRE						
NAME	1					
STREET ADDRESS	1		DO	NOT W	RITE	
CITY-ST-ZIP					- 	
TITLE	1		IN .	THIS SP	ACE	

12. I hereby certify that the information supplied with this filling 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.

SIGNATURES

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-23-05 (863)859-0630

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