

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90214 044 ***150.00

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1. Entity Name
PERSONALIZED COMPUTER SERVICE, INC.



Principal Place of Business
1920 HARBOURSIDE DRIVE #1002
LONGBOAT KEY, FL 34228

Mailing Address
1920 HARBOURSIDE DRIVE #1002
LONGBOAT KEY, FL 34228

14006307



2. Principal Place of Business
4300 MORNING PLACE
Suite, Apt. #, etc.

3. Mailing Address
4300 MORNING PLACE
Suite, Apt. #, etc.

03312005 Chg-P CR2E034 (10/03)

City & State
SARASOTA FLORIDA
Zip 34231 Country

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SARASOTA FLORIDA
Zip 34231 Country

4. FEI Number
59-3502806
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PARDUE, JON P
1920 HARBOURSIDE DRIVE #1002
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
JON PARDUE
Street Address (P.O. Box Number is Not Acceptable)
4300 MORNING PLACE
City SARASOTA FL Zip Code 34231

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 _____ (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 P
NAME PARDUE, JON P
STREET ADDRESS 5380 GULF OF MEXICO DRIVE, #227
CITY-ST-ZIP LONGBOAT KEY, FL 34228

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME JON PARDUE
STREET ADDRESS 4300 MORNING PLACE
CITY-ST-ZIP SARASOTA, FL 34231

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

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: Jon Pardue JON PARDUE 4-20-2005 941-232-8087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #