

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000084596

1. Entity Name
NCS TECHNICAL SERVICES CORPORATION



Principal Place of Business
14499 NO. DALE MABRY HWY.,STE.201
TAMPA, FL 33618

Mailing Address
14499 NO. DALE MABRY HWY.,STE.201
TAMPA, FL 33618



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3544320

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSH, BRIAN P ESQ.
11018 NO. DALE MABRY HWY.,STE.404
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
MILLER, DANIEL P
14499 NO. DALE MABRY HWY.,STE.201
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
BAILEY, BARNEY
14499 NO. DALE MABRY HWY.,STE.201
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOV
PAYNE, VINCENT J
14499 N DALE MABRY HWY, STE 201
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 962 2772