


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 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
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3544320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000192103 01/25/05-80005-017 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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		

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: _____ **1/20/05 813-962-2772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #