

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90068 026 ***158.75

DOCUMENT # P99000037197

1. Entity Name

PCS DIVISION INC.



Principal Place of Business

14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250

Mailing Address

14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

8767 PERIMETER PARK BLVD

Suite, Apt. #, etc.

3. Mailing Address

8767 PERIMETER PARK BLVD

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

DUVAL

City & State

JACKSONVILLE, FLORIDA

Zip

32216

Country

DUVAL

4. FEI Number

65-0914695

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRIAN J
14603 BEACH BLVD.
SUITE 800
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

SMITH, BRIAN J.

Street Address (P.O. Box Number is Not Acceptable)

8767 PERIMETER PARK BLVD

JACKSONVILLE

City

FL

Zip Code

32216

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)

2/16/5

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LEWIS, BRANDON
STREET ADDRESS 14603 BEACH BLVD. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE CEO ☐ Delete
NAME SMITH, BRIAN
STREET ADDRESS 14603 BEACH BLVD. #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE CFO ☐ Delete
NAME CHONG, KYLE
STREET ADDRESS 14603 BEACH BLVD #800
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PERIMETER PARK BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PERIMETER PARK BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8767 PERIMETER PARK BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/5

Date

(904) 223-8448

Daytime Phone #