

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000087263

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** PRO-TECH DIVERSIFIED SERVICES, INC.

**Current Principal Place of Business:**

8267 CAUSEWAY BLVD.  
F  
TAMPA, FL 33619 US

**New Principal Place of Business:**

8267 CAUSEWAY BLVD.  
SUITE F  
TAMPA, FL 33619 US

**Current Mailing Address:**

8267 CAUSEWAY BLVD.  
F  
TAMPA, FL 33619 US

**New Mailing Address:**

8267 CAUSEWAY BLVD.  
SUITE F  
TAMPA, FL 33619 US

**FEI Number:** 59-3627128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CUMMINGS, PAMELA G  
8267 CAUSEWAY BLVD.  
F  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

CUMMINGS, PAMELA G  
8267 CAUSEWAY BLVD.  
SUITE F  
TAMPA, FL 33619 US

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.

SIGNATURE: PAMELA G. CUMMINGS

02/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CUMMINGS, GARY A  
Address: 8267 CAUSEWAY BLVD., STE.F  
City-St-Zip: TAMPA, FL 33619

Title: VP  
Name: CUMMINGS, PAMELA G  
Address: 8267 CAUSEWAY BLVD., STE.F  
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA G. CUMMINGS

VP

02/16/2011

Electronic Signature of Signing Officer or Director

Date