


2004 FOR PROFIT CORPORATION ANNUAL REPORT

\$158.75

DOCUMENT # S24844 1. Entity Name PTG SERVICES, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">04 APR -12 AM 8:26</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 503 10TH ST. WEST PALMETTO, FL 34221				Mailing Address P.O. BOX 489 PALMETTO, FL 34220			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent HELLER, BILLY L JR. 503-10TH ST., WEST PALMETTO, FL 34221				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESFORMES, NATHAN J 503 10TH ST. WEST PALMETTO, FL 34221			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Operations Officer Heller, Billy L. Jr. 503-10th St. W. Palmetto, FL 34220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESFORMES, JOSEPH 503 10TH ST W PALMETTO, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900031737899 04/02/04--01027--001--**693.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HELLER, HARVEY 135 S. NINTH ST WINTER GARDEN, FL 32878			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALK, HARRY 135 S. NINTH ST WINTER GARDEN, FL 32878			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS CARRAWAY, MAC 503 10TH ST. WEST PALMETTO, FL 34221			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)(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: <i>Billy L Heller</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2/11/04 <small>Date</small>		941-722-3291 <small>Daytime Phone #</small>	