2004 FOR PROFIT CORPORATION ANNUAL REPORT.

1	MENT # S24844		١,			I EN				
1. Entity Name PTG SERVICES, INC.						12 M 8	. 26			
					T NPF	ELAKT UT BY AN ASSEE, FO	T'E	•		
<u> </u>		14 10	<u> </u>	W MI	- Or w.	بالأجرير	ADIRO			
7Principal Plac 503 10TH S		Mailing Address P.O. BOX 489			SECR	ELWSEE, F	F.Oreiz			
PALMETTO, I			PALMETTO, FL 34220			Hun				
		•						IL DIDIK DEDA DADY		
2. Principal P	lace of Business	3. Mailing Address								
						0 1)4,11 81881 1811 8131 B	18) B:BU B:BU BIB	11 BIBN BIBN BIBN	18 81 11 18 BL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Numb	er		- Ap	plied For	
					65-023	<u>4675</u>		No	t Applicable	
Zip		Zip	Country	y	5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New			<u>'</u>	
				Name						
HELLER, BILLY L JR. 503-10TH ST., WEST				Street Address (P.O. Box Number is Not Acceptable)						
	O, FL 34221									
			1	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.										
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										
						<u> </u>				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contrib			\$5.00 May Be Added to Fees					
	ay 1, 2004 Fee will be \$550.									
10.	OFFICERS AND	DIRECTORS Delete	11.	()	ADDITIONS.	CHANGES TO OF		DIRECTORS Change	- 1	
NAME	ESFORMES, NATHAN J	C Delete			feller. Bill.	L. JR	<i></i>	Change	Addition	
STREET ADDRESS	503 10TH ST. WEST			ADDRESS	503-104	15+.W.			•	
CITY-ST-ZIP	PALMETTO, FL 34221			ST-ZIP-	<u>Palmetto.</u>	11 34111	<i>Ph</i> (2) (1)			
TITLE NAME	VD ESFORMES, JOSEPH	☐ Delete	TITLE NAME	- 1				Change	Addition	
STREET ADDRESS				ADDRESS	047927493127-3718-933.75			₽c		
CITY-ST-ZIP			CITY-S	ST-ZIP	0 1/ 0	O MOCKO, OTOC, ONTWWOOD, 13				
TITLE	VD HARVEY	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	HELLER, HARVEY 135 S. NINTH ST		NAME STREET	ADDRESS						
CITY-ST-ZIP	WINTER GARDEN, FL 32878	<u>. </u>	CITY-S	I	,					
TITLE	D	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	FALK, HARRY 1 135 S. NINTH ST		NAME	ADDRESS						
CITY-ST-ZIP	WINTER GARDEN, FL 32878		CITY-S	I						
TITLE	TS	Delete	TITLE					☐ Change	Addition	
NAME	CARRAWAY, MAC		NAME					-		
STREET ADDRESS CITY-ST-ZIP	503 10TH ST. WEST PALMETTO, FL 34221		STREET CITY-S	ADDRESS			• •			
TITLE TITLE			TITLE					Change	☐ Addition	
NAME _		Delete	NAME					Junity		
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP	certify that the information cumplied with	this filing does not qualify for	CITY-S		n Section 110 07/21	(i) Florida Statutan	I further se-	tifu that the i-	formation	
12. I hereby certify that the information supplied with this filling 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 furstee empowered by 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.										
changed, or on an attachment with an address, with all other like empowered.										
SIGNAT	TURE AULA	IIII			2/11/0	4	941-	122-3	3291	
JUNION	SKN TIME AND TYPED OR	BINTED NAME OF SIGNING OFFICER O	D OIDECTO		- / * / `	Date		outime Phone #	 -	