

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24844

Entity Name: PTG SERVICES, INC.

FILED  
Jun 27, 2005  
Secretary of State

## Current Principal Place of Business:

503 10TH ST. WEST  
PALMETTO, FL 34221

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 489  
PALMETTO, FL 34220

## New Mailing Address:

FEI Number: 65-0234675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HELLER, BILLY L JR.  
503-10TH ST., WEST  
PALMETTO, FL 34221 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ESFORMES, NATHAN J  
Address: 503 10TH ST. WEST  
City-St-Zip: PALMETTO, FL 34221

Title: VD ( ) Delete  
Name: ESFORMES, JOSEPH  
Address: 503 10TH ST W  
City-St-Zip: PALMETTO, FL

Title: VD ( ) Delete  
Name: HELLER, HARVEY  
Address: 135 S. NINTH ST  
City-St-Zip: WINTER GARDEN, FL 32878

Title: D ( ) Delete  
Name: FALK, HARRY  
Address: 135 S. NINTH ST  
City-St-Zip: WINTER GARDEN, FL 32878

Title: COO ( ) Delete  
Name: HELLER, BILLY L JR  
Address: 503-10TH ST W  
City-St-Zip: PALMETTO, FL 34220

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: NATHAN J. ESFORMES

PD

06/27/2005

Electronic Signature of Signing Officer or Director

Date