

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F70319

Entity Name: FUTURE CONTROLS, INC.**Current Principal Place of Business:**5719 ZIP DRIVE
SUITE #1
FORT MYERS, FL 33905**Current Mailing Address:**PO BOX 51047
FORT MYERS, FL 33994**FEI Number:** 59-2167429**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MYERS, J. NORMA NEVITT
5719 ZIP DR SUITE #1
FORT MYERS, FL 33905 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:** J. NORMA NEVITT MYERS

02/19/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | D |
| Name | PARIS, GARY |
| Address | 5719 ZIP DR SUITE #1 |
| City-State-Zip: | FORT MYERS FL 33905 |

| | |
|-----------------|-----------------------|
| Title | PSDT |
| Name | MYERS, J NORMA NEVITT |
| Address | 5719 ZIP DR SUITE #1 |
| City-State-Zip: | FORT MYERS FL 33905 |

| | |
|-----------------|----------------------|
| Title | V |
| Name | HANSEN JR, THOMAS H |
| Address | 5719 ZIP DR SUITE #1 |
| City-State-Zip: | FORT MYERS FL 33905 |

| | |
|-----------------|----------------------------|
| Title | DIRECTOR |
| Name | SCARBOROUGH, BRYAN |
| Address | 5719 ZIP DRIVE SUITE #1 |
| City-State-Zip: | FORT MYERS FL 33905 |

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: J NORMA NEVITT MYERS

PRESIDENT

02/19/2014

Electronic Signature of Signing Officer/Director Detail

Date