

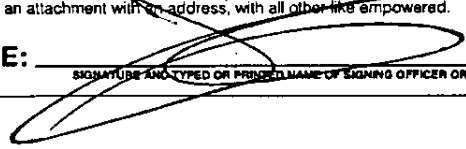


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
3 Apr 12, 2004 8:00 am
Secretary of State

03-31-2004 90034 037 ***150.00

DOCUMENT # P02000029934					
1. Entity Name PROFESSIONAL INVESTORS GROUP, INC.					
Principal Place of Business 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712			Mailing Address 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03292004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 01-0674990	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ATKINSON, JOEL 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712			Name: <u>JOSEPH E. WHITLOCK, PA</u> Street Address (P.O. Box Number is Not Acceptable) <u>3245 5TH AVENUE N.</u> City <u>ST. PETERSBURG</u> FL Zip <u>33713</u>		
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: 			DATE: <u>3/29/2004</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATKINSON, JOEL D		NAME		
STREET ADDRESS	2241 2ND AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, KEVIN M		NAME		
STREET ADDRESS	2241 2ND AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, THOMAS A		NAME		
STREET ADDRESS	2241 2ND AVE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>MELISSA BARAN</u>		NAME		
STREET ADDRESS	<u>2241 2ND AVENUE S.</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>ST. PETERSBURG, FL 33712</u>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>SECRETARY</u>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE: <u>3/29/04</u> 328-8888 (727)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		

00110001

