

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084880	
1. Entity Name PROFESSIONAL REAL ESTATE MANAGEMENT & INVESTMENT SERVICES, INC.	

Principal Place of Business 1822 DREW ST STE 5 CLEARWATER, FL 33765	Mailing Address 1822 DREW ST STE 5 CLEARWATER, FL 33765
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0484759	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, RICHARD D 1010 DREW STREET CLEARWATER, FL 33755
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DO NOT WRITE IN THIS SPACE

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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000061451 02/23/04-80081-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, SUSAN H 1849 SAN MATEO DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, GLENN M 904 WELLINGTON DR CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREYS, DAWN M 904 WELLINGTON DR CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	SUSAN H. HUMPHREYS	2-18-04	721-441-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #