

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018898

FILED  
Apr 22, 2011  
Secretary of State

**Entity Name:** PROFESSIONAL TAX MANAGEMENT, INC.

**Current Principal Place of Business:**

3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 65-1175675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIENIEK, ANNA  
3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

INTERNOSCIA, DAVID PRES  
3149 PONCE DE LEON BLVD, UNIT #7  
ST AUGUSTINE, FL 32084 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: DAVID INTERNOSCIA

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVTS  
Name: INTERNOSCIA, DAVID PVTS  
Address: 3149 PONCE DE LEON BLVD, UNIT #7  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: INTERNOSCIA, DAVID D  
Address: 2740 C.H. ARNOLD RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: DAVID INTERNOSCIA

PRES

04/22/2011

Electronic Signature of Signing Officer or Director

Date