

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000094138

**Entity Name:** PROFESSIONAL CLAIMS SOLUTIONS, INC.

**Current Principal Place of Business:**

508 GEORGIA AVE.  
CRYSTAL BEACH, FL 34681

**Current Mailing Address:**

PO BOX 84  
CRYSTAL BEACH, FL 34681

**FEI Number:** 90-0771526

**Certificate of Status Desired:** No

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

MALTESE, ANTHONY  
508 GEORGIA AVE.  
CRYSTAL BEACH, FL 34681 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MALTESE, ANTHONY  
Address PO BOX 84  
City-State-Zip: CRYSTAL BEACH FL 34681

Title VPD  
Name MALTESE, GINA  
Address PO BOX 84  
City-State-Zip: CRYSTAL BEACH FL 34681

*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:** ANTHONY MALTESE

**PRESIDENT**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date