

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 497318**

1. Entity Name  
**PROCESS MASTER, INC.**



Principal Place of Business  
 1832 FOSTER DRIVE  
 JACKSONVILLE, FL 32216

Mailing Address  
 1832 FOSTER DRIVE  
 JACKSONVILLE, FL 32216



03242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1656882	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

TOLLESON, H.H.  
 1832 FOSTER DRIVE  
 JACKSONVILLE, FL 32216

**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)

000000893945

04/24/08-80010-013 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	C
NAME	TOLLESON, H. HERBERT
STREET ADDRESS	1832 FOSTER DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	P
NAME	TOLLESON, MARK
STREET ADDRESS	1832 FOSTER DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	ST
NAME	HANSBERG, I. GEORGIA
STREET ADDRESS	1832 FOSTER DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	V
NAME	CHRISTOPHER H. TOLLESON
STREET ADDRESS	1832 FOSTER DRIVE
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Georgia I. Hansberg Sec./Treas.* **04-10-08** **904-725-0440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #