

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90004 004 ***150.00

DOCUMENT # 550373

1. Entity Name
PROFESSIONAL FUTURES, INC.



Principal Place of Business

2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US

Mailing Address

2106 DREW ST
SUITE 103
CLEARWATER, FL 33765 US

40043001



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1796453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRESDEN, GARY A. M.D.
2106 DREW ST
SUITE 103
CLEARWATER, FL 33765

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE AS
NAME DRESDEN, GARY A
STREET ADDRESS 2106 DREW ST SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE PTD
NAME DRESDEN, TRUDY
STREET ADDRESS 2106 DREW ST, SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VSD
NAME OWENS, DEZRA
STREET ADDRESS 2106 DREW ST, SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

TITLE VD
NAME DRESDEN, DARA
STREET ADDRESS 2106 DREW ST, SUITE 103
CITY-ST-ZIP CLEARWATER, FL 33765

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:

Dezra Owens Vice President *Dezra Owens*

3-26-07

727-442-0445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #