

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

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



04022008 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, 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	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 Dezra Owens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-08  
Date

727-442-0445  
Daytime Phone #