


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-26-2005 90026 037 \*\*\*150.00

<b>DOCUMENT # 556250</b> 1. Entity Name PROFESSIONAL MANAGEMENT-TAMPA BAY, INC.					
Principal Place of Business 8122 15TH WAY N SAINT PETERSBURG, FL 33702 US			Mailing Address 8122 15TH WAY N SAINT PETERSBURG, FL 33702 US		
2. Principal Place of Business 9234 BONNINGTON DR Suite, Apt. #, etc.		3. Mailing Address 9234 BONNINGTON DR Suite, Apt. #, etc.			
City & State TRINITY, FL		City & State TRINITY, FL		4. FEI Number 59-1780423	
Zip 34655		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WILLMAR, RICHARD A. 8122 15TH WAY N. ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILLMAR, RICHARD A. 8122 15TH WAY N. ST. PETERSBURG, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	9234 BONNINGTON DR TRINITY, FL 34655		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard A. Willmar</u> 5/23/05 (727) 376-9848 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					