


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90027 046 \*\*\*150.00

<b>DOCUMENT # 609972</b>					
1. Entity Name PSYCHOLOGICAL ASSESSMENT RESOURCES, INC.					
Principal Place of Business 16204 NORTH FLORIDA AVENUE LUTZ, FL 33549			Mailing Address 16204 NORTH FLORIDA AVENUE LUTZ, FL 33549		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, BOB R III 17408 GUNN HWY. ODESSA, FL 33556				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD	<input type="checkbox"/> Delete		TITLE	<i>Vice President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BOB R III			NAME	<i>Travis White</i>
STREET ADDRESS	17408 GUNN HWY			STREET ADDRESS	<i>16204 N Florida Ave</i>
CITY-ST-ZIP	ODESSA, FL 33556			CITY-ST-ZIP	<i>Lutz, FL 33549</i>
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CATHERINE R			NAME	
STREET ADDRESS	17408 GUNN HWY			STREET ADDRESS	
CITY-ST-ZIP	ODESSA, FL 33556			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GYURKE, JAMES			NAME	
STREET ADDRESS	16204 N. FLORIDA AVENUE			STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMINOFF, SERJE G			NAME	
STREET ADDRESS	16204 N. FLORIDA AVE			STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP	
TITLE	VDST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, KAY M.			NAME	
STREET ADDRESS	16204 N FLORIDA AVE			STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMPEE, CYNTHIA			NAME	
STREET ADDRESS	16204 NORTH FLORIDA AVENUE			STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP	
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: <i>Kaym Cunningham</i> <i>Kaym Cunningham</i> <i>1/6/04</i> <i>813.968.2003</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	