## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #643328**

1. Entity Name PROFESSIONAL LANGUAGE SCHOOL, INC.



Principal Place of Business

74 TINGLER LANE TINGLER ISLAND MARATHON, FL 33050 Mailing Address 74 TINGLER LANE TINGLER ISLAND

MARATHON, FL 33050

## FILED Jan 09, 2004 08:00 AM Secretary of State



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1967461 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

305-289-9228

Devtime Phone #

6. Name and Address of Current Registered Agent

BALTER, J. DEBORAH 74 TINGLER LANE TINGLER ISLAND MARATHON, FL 33050

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| WARMINON, FL 33030   |  |  |   | • • •   |   |
|--|--|--|---|---|---|
| 8. The above the obligat   | named entity submits this statement for the pions of registered agent.   | urpose of changing its registere   | ed office or r                                  | egistered agent, or bo  | th, in the State of Florida. I am familiar with, and accept   |
| SIGNATURE Signature, typed or printed name of registered egent and fille if applicable. (NOTE, Registered. |  |  |   | Agent signature required when refreshing) DATE                              |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                      |  | 9. Election Campaign Finar<br>Trust Fund Contribution.   | ncing 🔲   | \$5.00 May Be<br>Added to Fees  |   |
| 10.  | OFFICERS AND DIREC   | TORS   |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BALTER, J. DEBORAH<br>74 TINGLER LANE, TINGLER ISLANE<br>MARATHON, FL 33050  | <b>)</b>   | - ·   | UNNONNAN1392<br>01/12/04-80006-002 150.0D                                   |   |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-SY-ZIP   |  |  |   | DO  | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  | IN THIS SPACE                                   |   |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |  |   |   |   |
| 12. I hereby indicated of the co-  | certify that the information supplied with this f<br>don this report or supplemental report is true<br>sportation or the receiver of trustee empowers<br>to or on an attachment with an atticess, with a | illing does not qualify for the exe<br>and accurate and that my signa<br>of to execute this report as requ<br>to the like empowered. | emption state<br>ature shall he<br>aired by Cha | ed in Section 119.07(3<br>we the same legal effe<br>oter 607, Florida Statu | (ii). Florida Statutes. I further certify that the information oct as if made under oath; that I am an officer or director les; and that my name appears in Block 10 or Block 11 it |