

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # 749376



Mailing Address  
%PROFESSIONALLY YOURS INC  
PO BOX 100831  
CAPE CORAL, FL 33910 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

01282005 Chq-NP CR2E037 (10/03)

4. FEI Number  
59-2034484

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, PHILIP  
C/O PROFESSIONALLY YOURS, INC.  
1342 SE 46TH LANE #3  
CAPE CORAL, FL 33904

Name George Teague  
Street Address (P.O. Box is Not Acceptable) Professionally Yours, Inc.  
8270 College Pkwy. #103  
City Ft. Myers, FL 33919

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TD TURILLO, SAM P.O. BOX 271 JENNERSTOWN, PA 15547	<input type="checkbox"/> Delete
VD ATKINS, RICHARD 4629 SE 5TH AVE 104 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
VD HARBESON, RAY 231 BEECHWOOD AVE DOVER, DE 199015232	<input checked="" type="checkbox"/> Delete
PD SUSOR, DONALD 4631 SE 5TH AVE # 204 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
SD ROBB, JAMES 4629 SE 5TH AVE 102 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD. JIM SMITH HC 88 BOX 679 POCONO LAKE, PA 18247	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bale

Daytime Phone # \_\_\_\_\_