

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004943

1. Entity Name
PROFESSIONAL ENHANCEMENT SERVICES, INC.



Principal Place of Business
224 PORTREE DRIVE
DUNEDIN, FL 34698

Mailing Address
224 PORTREE DRIVE
DUNEDIN, FL 34698



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
88-0507074

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ULAN, FREDDIE
224 PORTREE DRIVE
DUNEDIN, FL 34698

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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 *Freddie Ulan*

FREDDIE ULAN, F.A. 4-20-05

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000332161
04/26/05-80047-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CDPS
NAME	ULAN, FREDDIE
STREET ADDRESS	224 PORTREE DRIVE
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	T
NAME	ULAN, FREDDIE
STREET ADDRESS	224 PORTREE DRIVE
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	VCS
NAME	ULAN, DANA
STREET ADDRESS	224 PORTREE DRIVE
CITY - ST - ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Freddie Ulan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDDIE ULAN CDPS 4/20/05 727-466-6069
Date Daytime Phone #