

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006190

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: PROSOFT CONSULTING SERVICES, INC.

## Current Principal Place of Business:

14097 WHISPERWOOD DR.  
CLEARWATER, FL 33762

## New Principal Place of Business:

11501 GROVE ST.  
SEMINOLE, FL 33772

## Current Mailing Address:

14097 WHISPERWOOD DR.  
CLEARWATER, FL 33762

## New Mailing Address:

11501 GROVE ST.  
SEMINOLE, FL 33772

FEI Number: 33-0784640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONN, ROBERT A  
14097 WHISPERWOOD DR.  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

CONN, ROBERT A  
11051 GROVE ST.  
SEMINOLE, FL 33772 US

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.

SIGNATURE:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete  
Name: CONN, ROBERT A  
Address: 14097 WHISPERWOOD DR.  
City-St-Zip: CLEARWATER, FL 33762

Title: VCVP ( ) Delete  
Name: CONN, DENISE S  
Address: 14097 WHISPERWOOD DR.  
City-St-Zip: CLEARWATER, FL 33762

Title: S ( ) Delete  
Name: CONN, DENISE S  
Address: 14097 WHISPERWOOD DR.  
City-St-Zip: CLEARWATER, FL 33762

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change ( ) Addition  
Name: CONN, ROBERT A  
Address: 11501 GROVE ST.  
City-St-Zip: SEMINOLE, FL 33772

Title: VCVP (X) Change ( ) Addition  
Name: CONN, DENISE S  
Address: 11501 GROVE ST.  
City-St-Zip: SEMINOLE, FL 33772

Title: S (X) Change ( ) Addition  
Name: CONN, DENISE S  
Address: 11501 GROVE ST.  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE S. CONN

VCVP

04/25/2005

Electronic Signature of Signing Officer or Director

Date