

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004076

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SERVICE HOLDINGS INC

**Current Principal Place of Business:**

1092 PONCE DE LEON BLVD S  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

1092-H PONCE DE LEON BLVD  
ST. AUGUSTINE, FL 32084

**Current Mailing Address:**

1835 US 1 SOUTH #119-243  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

3501-B N PONCE DE LEON BLVD  
SUITE 243  
ST. AUGUSTINE, FL 32084

FEI Number: 27-1879093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LAMBERT, BOBBY  
1835 US 1 SOUTH #119-243  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

AGENTS & CORPORATIONS INC/CO PRO SERV HOLD  
3501-B N PONCE DE LEON BLVD  
STE 243  
ST AUGUSTINE, FL 32084 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: JOHN L WILLIAMS

04/12/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BENNETT, LYNNE  
Address: 3501-B N PONCE DE LEON BLVD #243  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: DIR  
Name: BENNETT, GUY E  
Address: 3501-B N PONCE DE LEON BLVD #243  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: LYNNE BENNETT

P

04/12/2012

Electronic Signature of Signing Officer or Director

Date