


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State


05-05-2004 90219 001 ***150.00

DOCUMENT # F32292	
1. Entity Name PROFESSIONAL SYSTEMS, S.E. INC.	

Principal Place of Business 8134 TWIN LAKE DRIVE BOCA RATON, FL 33496	Mailing Address 8134 TWIN LAKE DRIVE BOCA RATON, FL 33496
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2. Principal Place of Business 13838 Bluebird Park Rd	3. Mailing Address 13838 Bluebird Park Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Winovermere, FL	City & State Winovermere, FL
Zip 34786	Country ORANGE

24069668



01162004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2087313	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASHBAUGH, A. RODNEY 8134 TWIN LAKE DRIVE BOCA RATON, FL	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 13838 Bluebird Park Rd	
City Winovermere	FL Zip Code 34786

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 *A. Rodney Ashbaugh* *Charles Ashbaugh* *4/20/04*

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASHBAUGH, A. RODNEY 8134 TWIN LAKE DRIVE BOCA RATON, FL <i>13838 Bluebird Park Rd Winovermere, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ASHBAUGH, JAONNE 8134 TYRIN LAKE DR BOCA RATON, FL 33496 <i>13838 Bluebird Park Rd Winovermere, FL</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: *Charles Ashbaugh* *A. Rodney Ashbaugh* *4/20/04* *407-654-9337*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #