

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90841 013 ***150.00

DOCUMENT # F56870 1. Entity Name PROFESSIONAL SERVICES UNLIMITED, INC.			
Principal Place of Business P.O. BOX 2044 P O BOX 2044 WEST PALM BEACH, FL 33402 US		Mailing Address P.O. BOX 2044 P O BOX 2044 WEST PALM BEACH, FL 33402-2044 US	
2. Principal Place of Business - No P.O. Box # 6227 RED CEDAR CIR.		3. Mailing Address 6227 RED CEDAR CIR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State GREENACRES, FL		City & State GREENACRES, FL	
Zip 33463		Zip 33463	
Country USA		Country USA	
4. FEI Number 59-2153438		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 TSIMEKLES, ELIZABETH V. 6227 RED CEDAR CIR GREENACRES, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of <u>changing its registered office</u> or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE ELIZABETH V. TSIMEKLES / PST <small>Signature, typed or printed name of registered agent and date if applicable</small>		DATE 4-27-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST <input type="checkbox"/> Delete NAME TSIMEKLES, ELIZABETH V. STREET ADDRESS 6227 RED CEDAR CIR CITY-ST-ZIP GREENACRES, FL 33463	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE D <input type="checkbox"/> Delete NAME TSIMEKLES, ELIZABETH V. STREET ADDRESS 6227 RED CEDAR CIR CITY-ST-ZIP GREENACRES, FL 33463	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE V <input type="checkbox"/> Delete NAME TSIMEKLES, JOHN N. STREET ADDRESS 6227 RED CEDAR CIR CITY-ST-ZIP GREENACRES, FL 33463	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Elizabeth V. Tsimekles (ELIZABETH V. TSIMEKLES) 4-27-07 389-8697 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

(561)
(561) 472-1077