

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90003 032 \*\*\*550.00

**DOCUMENT # F84102**

1. Entity Name

**PROFESSIONAL MICROSCOPE SERVICE, INC.**



Principal Place of Business

6666 W. WILLIS CT.  
P.O. BOX 1943  
DUNNELLON, FL 34433 US

Mailing Address

6666 W. WILLIS CT.  
P.O. BOX 1943  
DUNNELLON, FL 34433 US

**24079435**



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-2198563**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

THOMAS, DONALD A  
1420 POINCIANA DR.  
CLEARWATER, FL 33764

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
WITHROW, GARY  
23546 NE 154TH PLACE RD  
SALT SPRINGS, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
ROBERTS, GEORGIA Z.  
6666 W. WILLIS CT.  
DUNNELLON, FL 34333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
THOMAS, DONALD A.  
1420 POINCIANA DRIVE  
CLEARWATER, FL 33764

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-05-04 352795-2008