

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90151 039 ***150.00

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2198563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> Delete |
| NAME | WITHROW, GARY | |
| STREET ADDRESS | 23546 NE 154TH PLACE RD | |
| CITY-ST-ZIP | SALT SPRINGS, FL | |
| TITLE | VSD | <input checked="" type="checkbox"/> Delete |
| NAME | ROBERTS, GEORGIA Z. | |
| STREET ADDRESS | 6666 W. WILLIS CT. | |
| CITY-ST-ZIP | DUNNELLON, FL 34333 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMAS, DONALD A. | |
| STREET ADDRESS | 1420 POINCIANA DRIVE | |
| CITY-ST-ZIP | CLEARWATER, FL 33764 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------|--|
| TITLE | PSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas Jr, Donald A | |
| STREET ADDRESS | 1420 Poinciana Dr | |
| CITY-ST-ZIP | Clearwater, FL 33764 | |
| TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas, John S. | |
| STREET ADDRESS | 1420 Poinciana Dr | |
| CITY-ST-ZIP | Clearwater, FL 33764 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Donald A. Thomas, Jr. 4/8/05 1 800 932 4852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #