

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # F95000002340

1. Entity Name

PROFESSIONAL SALES AGENTS, INC.



Principal Place of Business

775 GODDARD COURT
ALPHARETTA GA 30005
US

Mailing Address

775 GODDARD COURT
ALPHARETTA GA 30005
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1443101**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KYLE, TRACY
220 TENTH AVENUE SOUTH
SAFETY HARBOR FL 34695

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
"Trust Fund Contribution." ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME WILLIAMS, CARY
STREET ADDRESS 3485 RIVER FERRY ROAD
CITY-STATE-ZIP ALPHARETTA GA 30022 ☐ Delete

TITLE CS
NAME PINCHOOK, CHRISTINE
STREET ADDRESS 210 TRUEHEDGE TRACE
CITY-STATE-ZIP ROSWELL GA 30076 ☐ Delete

TITLE VP
NAME THORNTON, MICHAEL J
STREET ADDRESS 5028 TOWNLAKE HILLS NORTH
CITY-STATE-ZIP WOODSTOCK GA 30189 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Christine Pinchok Christine Pinchok 3/19/07 (ind) 674-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #