

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006529

FILED
Apr 19, 2006
Secretary of State

Entity Name: PROFESSIONAL OFFICE SERVICES, INC. OF IOWA

Current Principal Place of Business:

64 INDUSTRIAL BLVD
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P O BOX 450
WATERLOO, IA 50704 US

New Mailing Address:

FEI Number: 42-0956287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPURLING, KENNETH P
64 INDUSTRIAL BLVD
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, MICHAEL P
Address: 716 PROSPECT BLVD
City-St-Zip: WATERLOO, IA 50701

Title: VD () Delete
Name: THOMAS, J. ROBERT
Address: 2522 MINNETONKA DR
City-St-Zip: CEDAR FALLS, IA 50613

Title: STD () Delete
Name: HAVLIK, CLEMENT J
Address: 4015 S. LAWN RD
City-St-Zip: CEDAR FALLS, IA 50613

Title: CD () Delete
Name: WILLIAMS, HERBERT E
Address: 880 PROSPECT BLVD
City-St-Zip: WATERLOO, IA 50701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENT J HAVLIK

STD

04/19/2006

Electronic Signature of Signing Officer or Director

Date