

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 05, 2008 08:00 AM
Secretary of State**

DOCUMENT # F96000006529

1. Entity Name
PROFESSIONAL OFFICE SERVICES, INC. OF IOWA



Principal Place of Business
64 INDUSTRIAL BLVD
WINTER HAVEN, FL 33880

Mailing Address
P O BOX 450
WATERLOO, IA 50704 US



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-0956287

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, MICHAEL P
STREET ADDRESS 716 PROSPECT BLVD
CITY-ST-ZIP WATERLOO, IA 50701

TITLE VD
NAME THOMAS, J. ROBERT
STREET ADDRESS 2522 MINNETONKA DR
CITY-ST-ZIP CEDAR FALLS, IA 50613

TITLE STD
NAME HAVLIK, CLEMENT J
STREET ADDRESS 4015 S. LAWN RD
CITY-ST-ZIP CEDAR FALLS, IA 50613

TITLE CD
NAME WILLIAMS, HERBERT E
STREET ADDRESS 880 PROSPECT BLVD
CITY-ST-ZIP WATERLOO, IA 50701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000949105
06/03/08-80013-017 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Clement J. Havlik, Secretary
Clement J. Havlik 4-30-08 (319) 235-6777