


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 009 ***150.00

DOCUMENT # G20336
 1. Entity Name
PROFESSIONAL COMMUNICATION SERVICES, INC.



Principal Place of Business Mailing Address
1290 PALMETTO AVENUE **1290 PALMETTO AVENUE**
WINTER PARK, FL 32789 US **WINTER PARK, FL 32789 US**

2. Principal Place of Business 3. Mailing Address
1294 Palmetto Avenue **1294 Palmetto Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Park, FL 32789 **Winter Park, FL 32789**

Zip Country Zip Country
32789 **Orange** **32789** **Orange**

40060960



03312006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2257630 Not Applicable

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

6. Name and Address of Current Registered Agent
TIMOTHY P. KOWALSKI
1290 PALMETTO AVENUE
WINTER PARK, FL 32789

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	KOWALSKI, TIMOTHY P	
STREET ADDRESS	416 SHERIDAN BV	
CITY-ST-ZIP	ORLANDO, FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	KOWALSKI, GWEN L.	
STREET ADDRESS	416 SHERIDAN BV	
CITY-ST-ZIP	ORLANDO, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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

4-16-06 407 629 7724
 Date Daytime Phone #

Timothy P. Kowalski, President