

ANNUAL REPORT

DOCUMENT # H48719

1. Entity Name
PROFESSIONAL COLLECTION, INC.



FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90179 039 ***150.00

Principal Place of Business

116 NW COLUMBIA AVE
LAKE CITY, FL 32055

Mailing Address

P.O. BOX 1029
116 NW COLUMBIA AVE
LAKE CITY, FL 32056-1029 US



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1792266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J.
116 NW COLUMBIA AVE
LAKE CITY, FL 32055

DO NOT WRITE
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, type 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	DP
NAME	HALEY, WILLIAM J.
STREET ADDRESS	10 N. COLUMBIA ST.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	SD
NAME	BULLOCK, STEPHEN C
STREET ADDRESS	10 NORTH COLUMBIA STREET
CITY-ST-ZIP	LAKE CITY, FL
TITLE	VTD
NAME	BROWN, THOMAS W.
STREET ADDRESS	10 NORTH COLUMBIA ST.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	SD
NAME	ROBINSON, BRUCE W. <i>delete</i>
STREET ADDRESS	10 N. COLUMBIA ST.
CITY-ST-ZIP	LAKE CITY, FL 32055
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number 8

William J. Haley *William J. Haley* *2/23/05*