

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90166 014 ***150.00

DOCUMENT # H48719

1. Entity Name
PROFESSIONAL COLLECTION, INC.



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**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1792266

Applied For
Not Applicable

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

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, 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, 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	DP
NAME	HALEY, WILLIAM J.
STREET ADDRESS	40 N. COLUMBIA ST. 116 NW Columbia Ave.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	SD
NAME	BULLOCK, STEPHEN C
STREET ADDRESS	10 NORTH COLUMBIA STREET 116 NW Columbia Ave.
CITY-ST-ZIP	LAKE CITY, FL
TITLE	VTD
NAME	BROWN, THOMAS W.
STREET ADDRESS	10 NORTH COLUMBIA ST. 116 NW Columbia Ave.
CITY-ST-ZIP	LAKE CITY, FL
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 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:

William J. Haley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-6

386 7625213