

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05880

FILED
Apr 17, 2008
Secretary of State

Entity Name: PRO SERVICES MANAGEMENT, INC.

Current Principal Place of Business:

1929 NW 62 TERR
MARGATE, FL 33063

New Principal Place of Business:

4850 CALASANS AVE
ST CLOUD, FL 34771

Current Mailing Address:

1929 NW 62 TERR
MARGATE, FL 33063

New Mailing Address:

4850 CALASANS AVE
ST CLOUD, FL 34771

FEI Number: 59-2696928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAVSIE, HERSCHEL ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 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: DP () Delete
Name: ROGERS, JAMES B
Address: 2715 SE 31ST ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: DVP () Delete
Name: THOMAS JACK T JR,
Address: 1929 NW 62 TERRACE
City-St-Zip: MARGATE, FL 33063

Title: DST () Delete
Name: ROGERS, PAMELA K
Address: 2715 SE 31ST ST
City-St-Zip: OKEECHOBEE, FL 34974

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: THOMAS, JACK T JR
Address: 4850 CALASANS AVE
City-St-Zip: ST CLOUD, FL 34771

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

I hereby certify that the information supplied with this filing does not qualify 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: JACK THOMAS

DVP

04/17/2008

Electronic Signature of Signing Officer or Director

Date