

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90168 007 ***150.00

DOCUMENT # K27020 1. Entity Name PROFESSIONAL DYNAMICS, INC.																									
Principal Place of Business 1901 13TH AVE NO. ST. PETERSBURG, FL 33713		Mailing Address 1901 13TH AVE NO. ST. PETERSBURG, FL 33713																							
2. Principal Place of Business 4400 34th St N Suite, Apt. #, etc. Unit E City & State St. Petersburg, FL Zip 33714 Country Pmellas		3. Mailing Address 4400 34th St N Suite, Apt. #, etc. Unit E City & State St. Petersburg, FL Zip 33714 Country Pmellas																							
4. FEI Number 65-0136612		Applied For ☐ Not Applicable																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent ROGER F. POLCYN 1901 13TH AVE NORTH ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name ROGER F. POLCYN Street Address (P.O. Box Number is Not Acceptable) 4400 34th Street North Unit E City St. Petersburg FL Zip Code 33714																							
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 <u>Roger F. Polcyn, President</u> DATE <u>04/29/04</u> Sign if typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE PTSD ☐ Delete NAME POLCYN, ROGER STREET ADDRESS 6224 SOARING AVE CITY-ST-ZIP TAMPA, FL 33617 </td> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>		TITLE PTSD ☐ Delete NAME POLCYN, ROGER STREET ADDRESS 6224 SOARING AVE CITY-ST-ZIP TAMPA, FL 33617	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE Secretary / Director - S/D ☒ Change ☐ Addition NAME M.C. Anderson STREET ADDRESS 10824 Valencia Ave CITY-ST-ZIP Seminole, FL 33772 </td> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> </table>		TITLE Secretary / Director - S/D ☒ Change ☐ Addition NAME M.C. Anderson STREET ADDRESS 10824 Valencia Ave CITY-ST-ZIP Seminole, FL 33772	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 <u>M.C. Anderson, Secretary</u> DATE <u>04/29/04</u> 727-526-1888 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																									