


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90020 043 ***158.75

DOCUMENT # K54560		
1. Entity Name PROPERTY SERVICES OF AMERICA, INC.		

Principal Place of Business 12108 N. 56TH ST., #3 & 5 TAMPA, FL 33617	Mailing Address 12108 N. 56TH ST., #3 & 5 TAMPA, FL 33617
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40018658

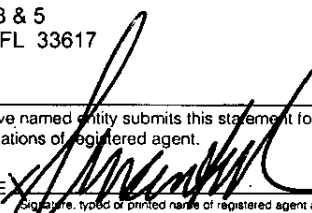


2. Principal Place of Business 2901 W. Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA	3. Mailing Address 2901 W. Busch Blvd Suite, Apt. #, etc. #901 City & State TAMPA FLORIDA Zip 33618 Country USA
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01112005 Chg-P CR2E034 (10/03)

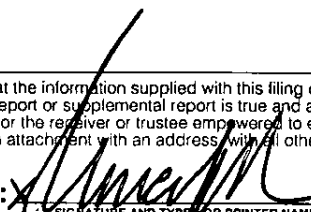
6. Name and Address of Current Registered Agent BEKIEMPIS, VINCENT 12108 N. 56TH ST. SUITE #3 & 5 TAMPA, FL 33617	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd #901 City TAMPA FL Zip Code 33618	
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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  VINCENT BEKIEMPIS 1/20/05 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEKIEMPIS, VINCENT 12108 N 56TH STREET STE 315 TAMPA, FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 W. Busch Blvd #901 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  VINCENT BEKIEMPIS <small>(Signature and typed or printed name of signing officer or director)</small>	Date (813) 915-9727 <small>Daytime Phone #</small>