

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90004 012 ***150.00

DOCUMENT # L41833

1. Entity Name
PROFESSIONAL CONTRACTORS NOTICE, CORP.



Principal Place of Business
**6950 CYPRESS ROAD, SUITE 101
PLANTATION, FL 33317 US**

Mailing Address
**6950 CYPRESS ROAD,
101
PLANTATION, FL 33317 US**

40094200



2. Principal Place of Business - No P.O. Box #

1520 SW 5 AVE

3. Mailing Address

Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State

Pompano FL

City & State

4. FEI Number
65-0031329

Applied For
Not Applicable

Zip

33070

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**TUPLER, DAVID S
6950 CYPRESS ROAD
STE. 101
PLANTATION, FL 33317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUPLER, DAVID S.**
STREET ADDRESS **6950 CYPRESS ROAD #101**
CITY-ST-ZIP **PLANTATION, FL**

TITLE **T** ☐ Delete
NAME **CROWE, JUDITH**
STREET ADDRESS **1520 SW 5 AVE**
CITY-ST-ZIP **POMPAHO BEACH, FL 33060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/07 9545835525