


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M26808</b> 1. Entity Name PROFESSIONAL RESIDENTIAL SERVICES CORP.	
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Principal Place of Business PO BOX 2630 STUART, FL 34995-2630 US	Mailing Address PROFESSIONAL RESIDENTIAL SER. CORP. PO BOX 2630 STUART, FL 34995-2630 US
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**DO NOT WRITE IN THIS SPACE**



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2631743	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DOYLE, DONALD A. 42 SOUTH SEWALL'S POINT ROAD SEWALL'S POINT, FL 34996-6728
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	00000065034 04/06/07-80056-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOYLE, DIANA P. 42 SOUTH SEWALL'S POINT RD SEWALL'S POINT, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DOYLE, DONALD A. 42 SOUTH SEWALL'S POINT RD SEWALL'S POINT, FL 34996
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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:  <b>7/5/7</b>	Date <b>3-30-07</b>	Daytime Phone # <b>772 286 3777</b>
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