

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M26808**

1. Entity Name  
**PROFESSIONAL RESIDENTIAL SERVICES CORP.**



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**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2631743**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DOYLE, DONALD A.  
42 SOUTH SEWALL'S POINT ROAD  
SEWALL'S POINT, FL 34996-6728**

**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

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	DOYLE, DIANA P.
STREET ADDRESS	42 SOUTH SEWALL'S POINT RD
CITY-ST-ZIP	SEWALL'S POINT, FL 34996
TITLE	DST
NAME	DOYLE, DONALD A.
STREET ADDRESS	42 SOUTH SEWALL'S POINT RD
CITY-ST-ZIP	SEWALL'S POINT, FL 34996
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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04/23/08-80117-019 150.00

**DO NOT WRITE  
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 4-11-08 772-286-3777  
Date Daytime Phone #