

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33333

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: PROFESSIONAL SERVICE NETWORK, INC.

## Current Principal Place of Business:

P. O. BOX 733  
320 OAK RIDGE AVENUE  
ELFERS, FL 346800733 US

## New Principal Place of Business:

8219 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 346533111 US

## Current Mailing Address:

P. O. BOX 733  
ELFERS, FL 346800733 US

## New Mailing Address:

FEI Number: 59-2992411      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, JOHN F  
8219 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653      US

## Name and Address of New Registered Agent:

MILLER, JOHN F  
8219 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 346533111 US

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.

SIGNATURE: \_\_\_\_\_

01/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: MILLER, JOHN  
Address: 12220 MEADOWBROOK LANE  
City-St-Zip: HUDSON, FL 34667

Title: D      ( ) Delete  
Name: PETRIGNANI, PETER  
Address: 6735 CLEMENS BLVD  
City-St-Zip: PORT RICHEY, FL 34668

Title: D      ( ) Delete  
Name: ROGERS, JULIE  
Address: 5907 DASHER CT  
City-St-Zip: PORT RICHEY, FL 34668

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: BYRNES, SCOTT  
Address: 3553 RICHBORO DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: VP      (X) Change ( ) Addition  
Name: SCHWARTZ, EDWARD H  
Address: 2623 GRAND BLVD #312  
City-St-Zip: HOLIDAY, FL 34690

Title: T      (X) Change ( ) Addition  
Name: PIERCE, GINNY  
Address: 11515 PYRAMID DRIVE  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT BYRNES

OFC

01/19/2009

Electronic Signature of Signing Officer or Director

Date