

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N33333

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL SERVICE NETWORK, INC.

**Current Principal Place of Business:**

8219 MASSACHUSETTS AVENUE  
NEW PORT RICHEY, FL 346533111 US

**New Principal Place of Business:**

**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 AVENUE  
NEW PORT RICHEY, FL 346533111 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: HOLBACK, DANIEL  
Address: 8501 OLD COUNTY ROAD 54  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: VP  
Name: CRATTY, DIANNE M  
Address: 9507 SPRINGMEADOW DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 346551189 US

Title: P  
Name: PIERCE, VIRGINIA  
Address: 11515 PYRAMID DRIVE  
City-St-Zip: ODESSA, FL 33556 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN F. MILLER

D

01/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date