

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000037258

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL EXPEDITING SOLUTIONS, INC.

**Current Principal Place of Business:**

3947 BLVD CENTER DRIVE  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

9984 ARNOLD RD  
JACKSONVILLE, FL 32246 US

**Current Mailing Address:**

PO BOX 50730  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

PO BOX 50730  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 59-3640288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORRELL, STEVEN W PRES.  
9984 ARNOLD RD  
JACKSONVILLE, FL 32246 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: PRES  
Name: DORRELL, STEVEN W  
Address: 9984 ARNOLD RD.  
City-St-Zip: JACKSONVILLE, FL 32246 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN DORRELL

PRES

02/28/2011

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

\_\_\_\_\_  
Date