

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000102582

1. Entity Name
PROFESSIONAL MARKETING SOLUTIONS, INC.



Principal Place of Business
455 MAGNOLIA AVE.
MERRITT ISLAND, FL 32952

Mailing Address
455 MAGNOLIA AVE.
STE B
MERRITT ISLAND, FL 32952

FILED

Jun 13, 2008 08:00 AM
Secretary of State



06062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OUELLETTE, PATRICIA B
455 MAGNOLIA AVE.
MERRITT ISLAND, FL 32952

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OUELLETTE, PATRICIA B
STREET ADDRESS	455 MAGNOLIA AVE.
CITY-ST-ZIP	MERRITT ISLAND, FL 32952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/13/08-80002-003 158.75

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-08 404 983 2300
Date Daytime Phone #