2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State
03-29-2005 90026 048 ***158.75

DOCUMENT # P01000010336

1. Entity Name
PROFESSIONAL SITE WORK, INC.

Principal Place of Business
338 NORTH LAKE AVENUE
APOPKA FL 32703

Mailing Address
338 NORTH LAKE AVENUE
SUITE 8
APOPKA FL 32703

1st MOORE CR2E034 (10/04)

2. Principal Place of Business
523-A WEKIVA COMMONS CIRCLE
Suite, Apt. #, etc.
City & State: APOPKA FLORIDA
Zip: 32712 Country: ORANGE

3. Mailing Address
523-A WEKIVA COMMONS CIRCLE
Suite, Apt. #, etc.
City & State: APOPKA FLORIDA
Zip: 32712 Country: ORANGE

4. FEI Number 59-3693157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAMS, PHILLIP S
338 NORTH LAKE AVENUE
APOPKA FL 32703

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4801 ANTON AVENUE
City: APOPKA FL Zip Code: 32712

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 _____ DATE 3/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
PSTD WILLIAMS, PHILLIP S 338 NORTH LAKE AVENUE APOPKA FL 32703	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4801 ANTON AVENUE APOPKA FLORIDA 32712	■ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PHILLIP S. WILLIAMS 3/24/05 407-464-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #