

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025211

**FILED**  
**Jan 12, 2009**  
**Secretary of State**

**Entity Name:** PROFESSIONAL CONTRACTING SERVICES, INC.

**Current Principal Place of Business:**

509 S PALM AVE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

509 S PALM AVE  
TITUSVILLE, FL 32796 US

**Current Mailing Address:**

POST OFFICE BOX 1870  
TITUSVILLE, FL 32781

**New Mailing Address:**

POST OFFICE BOX 1870  
TITUSVILLE, FL 32781 US

**FEI Number:** 59-3702904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOLAND, AMELIA  
6865 RIVEREDGE DRIVE  
TITUSVILLE, FL 32780 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: BOLAND, AMELIA  
Address: 6865 RIVEREDGE DR  
City-St-Zip: TITUSVILLE, FL 32780

Title: S ( ) Delete  
Name: BOLAND, DONALD  
Address: 6855 RIVEREDGE DRIVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BOLAND, AMELIA  
Address: 6865 RIVEREDGE DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: S (X) Change ( ) Addition  
Name: BOLAND, DONALD  
Address: 6855 RIVEREDGE DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** AMELIA BOLAND

P

01/12/2009

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

\_\_\_\_\_  
Date