

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000025211

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

509 S PALM AVE  
TITUSVILLE, FL 32796 US

**New Principal Place of Business:**

219 INDIAN RIVER AVENUE  
SUITE 201  
TITUSVILLE, FL 32796 US

**Current Mailing Address:**

POST OFFICE BOX 1870  
TITUSVILLE, FL 32781 US

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOLAND, AMELIA  
Address: 6865 RIVEREDGE DR  
City-St-Zip: TITUSVILLE, FL 32780 US

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

P

01/06/2011

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

\_\_\_\_\_  
Date