

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000067647

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL PLACEMENT RESOURCES, INC.

**Current Principal Place of Business:**

333 FIRST STREET NORTH #200  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

333 FIRST STREET NORTH #200  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

**FEI Number:** 59-3739688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BOULEVARD  
SUITE 504  
JACKSONVILLE, FL 32216 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:** PD  
**Name:** COOPER, DWIGHT  
**Address:** 209 ISLE WAY LANE  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** SCTY  
**Name:** BOUTWELL, WILLIAM IV  
**Address:** 333 1ST STREET NORTH, SUITE 200  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

**Title:** ASCY  
**Name:** TOOL, HAROLD  
**Address:** 333 1ST STREET NORTH, SUITE 200  
**City-St-Zip:** JACKSONVILLE BEACH, FL 32250

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:** HAROLD R. TOOL

ASCY

04/19/2011

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

\_\_\_\_\_  
Date