

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094046

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: FLORIDA PROFESSIONAL SERVICES CORPORATION

**Current Principal Place of Business:**

665 SW RUSTIC CIRCLE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

665 SW RUSTIC CIRCLE  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 65-1148176      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCCREARY, MICHAEL W  
665 SW RUSTIC CIRCLE  
STUART, FL 34997 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: P ( ) Delete  
Name: MCCREARY, MICHAEL W  
Address: 665 SW RUSTIC CIRCLE  
City-St-Zip: STUART, FL 34997

Title: V ( ) Delete  
Name: MCCREARY, STEPHANIE L  
Address: 665 SW RUSTIC CIRCLE  
City-St-Zip: STUART, FL 34997

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: M W MCCREARY

P

01/31/2005

Electronic Signature of Signing Officer or Director

Date