


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

3 **FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90034 037 \*\*\*150.00

<b>DOCUMENT # P02000029934</b> 1. Entity Name <b>PROFESSIONAL INVESTORS GROUP, INC.</b>					
Principal Place of Business <b>2241 2ND AVE SOUTH ST PETERSBURG, FL 33712</b>			Mailing Address <b>2241 2ND AVE SOUTH ST PETERSBURG, FL 33712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03292004    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>01-0674990</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ATKINSON, JOEL 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712</b>			7. Name and Address of New Registered Agent Name: <b>JOSEPH E. WHITELOCK, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3245 5TH AVENUE N.</b> City <b>ST. PETERSBURG</b> <b>FL</b> Zip <b>33713</b>		
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: <b>3/29/2004</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, JOEL D 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, KEVIN M 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, THOMAS A 2241 2ND AVE SOUTH ST PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MELISSA BARANAY</b> <b>2241 2ND AVENUE S.</b> <b>ST. PETERSBURG, FL 33712</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>3/29/04</b> Daytime Phone #: <b>328-8888</b>		