

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90189 001 \*\*\*150.00

**DOCUMENT # P02000068434**

1. Entity Name

PROFESSIONAL COMMUNITY SERVICES, INC.



Principal Place of Business

2310 DELTA DR  
NAPLES, FL 34117

Mailing Address

P.O. BOX 110156  
NAPLES, FL 34108



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number

30-0113359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WHITE, WILLIAM D  
2310 DELTA DR  
NAPLES, FL 34117

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPEACHLY, CLIFFORD
STREET ADDRESS	5332 CYPRESS LANE
CITY- ST- ZIP	NAPLES, FL 34114
TITLE	VPD
NAME	WHITE, WILLIAM D
STREET ADDRESS	2310 DELTA DR
CITY- ST- ZIP	NAPLES, FL 34117
TITLE	SD
NAME	DESMOND-WHITE, CYNTHIA
STREET ADDRESS	2310 DELTA DR
CITY- ST- ZIP	NAPLES, FL 34117
TITLE	TD
NAME	SPEECHLY, SHERRI
STREET ADDRESS	5332 CYPRESS LANE
CITY- ST- ZIP	NAPLES, FL 34114

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04

239-352-6780