


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000068434 1. Entity Name PROFESSIONAL COMMUNITY SERVICES, INC.	
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Principal Place of Business
2310 DELLA DR
NAPLES, FL 34117

Mailing Address
P.O. BOX 110156
NAPLES, FL 34108



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0113359	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPEACHLY, CLIFFORD 5332 CYPRESS LANE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WHITE, WILLIAM D 2310 DELTA DR NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DESMOND-WHITE, CYNTHIA 2310 DELTA DR NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPEECHLY, SHERRI 5332 CYPRESS LANE NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/29/05-80068-019 150.00

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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:  VP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-05
Date

239-352-0780
Daytime Phone #