


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000084351		
1. Entity Name PROFESSIONAL BUSINESS SERVICES OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 13971 EAGLE RIDGE LAKES DRIVE 201 FORT MYERS, FL 33912	Mailing Address 13971 EAGLE RIDGE LAKES DRIVE 201 FORT MYERS, FL 33912	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TESTASECCA, BEVERLY J 13971 EAGLE RIDGE LAKES DRIVE 201 FORT MYERS, FL 33912		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TESTASECCA, BEVERLY J 13971 EAGLE RIDGE LAKES DRIVE #201 FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <u>Beverly Testasecca</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-19-04</u> Daytime Phone # <u>239-992-9611</u>



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2371697	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/23/04-80006-020 150.00

**DO NOT WRITE
IN THIS SPACE**