2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000084351

1. Entity Name

PROFESSIONAL BUSINESS SERVICES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

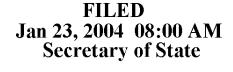
Mailing Address

13971 EAGLE RIDGE LAKES DRIVE

13971 EAGLE RIDGE LAKES DRIVE

FORT MYERS, FL 33912

FORT MYERS, FL 33912





DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 52-2371697 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

01152004

Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent TESTASECCA, BEVERLY J

13971 EAGLE RIDGE LAKES DRIVE 201

FORT MYERS, FL 33912

TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

No Chg-P

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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 renstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
THE NAME STREET ADDRESS CITY-ST-ZIP	P TESTASECCA, BEVERLY J 13971 EAGLE RIDGE LAKES DRIVE # FORT MYERS, FL 33912	#201			U00000010668 01/23/04-80006-020 150.00
THE NAME STREET ADDRESS CITY-ST-ZIP				·	
RITLE NAME STREET ADDRESS CHY+SH-ZIP	_			DO NOT WRITE	
HILE NAME STREET ADDRESS CITY - ST-ZIP			IN THIS SPACE		
NAME SIRELI ADDRESS CITY-ST-21P					

12. I hereby certify that the information supplied with this filling 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.