

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90075 002 ***150.00

DOCUMENT # P03000015158

1. Entity Name
PROFESSIONAL REPORTING SERVICES, INC.



Principal Place of Business

Mailing Address

P.O. Box 3215

501 WEST BAY STREET, SUITE 150

501 WEST BAY STREET, SUITE 150

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32207

2897 S. Ponte Vedra Blvd

Ponte Vedra Beach

Ponte Vedra Beach FL 32082

FL 32004



04302007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1458494

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

J.H. ELKINS JR
ELKINS ACCOUNTING
720 ST. JOHNSBLUFF RD N. #4
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

I, 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, 2007 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
D
RICKETSON, DARLENE
2897 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 320824529

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

DARLENE RICKETSON 4/30/07 904-380-4441

904-380-4441