


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90034 039 \*\*\*150.00

<b>DOCUMENT # P03000080635</b> 1. Entity Name <b>PROFESSIONAL GROUNDS MANAGEMENT, INC.</b>					
Principal Place of Business <b>2241 2ND AVENUE SOUTH SAINT PETERSBURG, FL 33712</b>			Mailing Address <b>2241 2ND AVENUE SOUTH SAINT PETERSBURG, FL 33712</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Fee Number <div style="font-size: 1.5em; font-weight: bold;">56-2395493</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JOSEPH C. WHITELOCK, PA</b> <b>3245 5TH AVENUE NORTH</b> <b>SAINT PETERSBURG, FL 33713</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">FL</div> <div style="border: 1px solid black; padding: 2px;">Zip Code</div> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.2em; font-weight: bold;">MELISSA BARANY</div> <div style="font-size: 1.2em; font-weight: bold;">2241 2ND AVENUE S.</div> <div style="font-size: 1.2em; font-weight: bold;">ST. PETE, FL 33712</div> <div style="font-size: 1.2em; font-weight: bold;">SECRETARY</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="font-size: 1.5em; font-weight: bold;">3/29/04</div> <div style="font-size: 1.5em; font-weight: bold;">388-9686</div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px;">Date</div> <div style="border: 1px solid black; padding: 2px;">Daytime Phone #</div> </div>		