## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000087901

Entity Name: PROFESSIONAL RESOURCE SERVICES, INC

FILED May 31, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4044 W. LAKE MARY BLVD. 380 S. STATE ROAD 434

UNIT #104-278 SUITE 1004-230

LAKE MARY, FL 32746 ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:** New Mailing Address:

380 S. STATE ROAD 434 SUITE 1004-230 4044 W. LAKE MARY BLVD.

UNIT #104-278

LAKE MARY, FL 32746 US ALTAMONTE SPRINGS, FL 32714 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DITTMANN, SHARON A DITTMANN, SHARON A 380 S. STATE ROAD 434 4044 W. LAKE MARY BLVD. UNIT #104-278 SUITE 1004-230

LAKE MARY, FL 32746 US ALTAMONTE SPRINGS, FL 32714 US

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.

SIGNATURE: SHARON A. DITTMANN 05/31/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES Title: ( ) Delete Title: PRFS (X) Change ( ) Addition

DITTMANN, SHARON A Name: Name: DITTMANN, SHARON A

4044 W. LAKE MARY BLVD., UNIT #104-278 Address: 380 S. STATE ROAD 434 SUITE 1004-230 Address: City-St-Zip: LAKE MARY, FL 32746 US City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. DITTMANN **PRES** 05/31/2008