

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049247

FILED
Apr 13, 2007
Secretary of State

Entity Name: PROFESSIONAL OFFICE MANAGERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

350 N WASHINGTON AVE
TITUSVILLE, FL 32796 US

New Principal Place of Business:

4595 ALIX LANE
MIMS, FL 32754 US

Current Mailing Address:

4595 ALIX LANE
MIMS, FL 32754 US

New Mailing Address:

FEI Number: 20-2632754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHARF, JOANN
4595 ALIX LN
MIMS, FL 32754 US

Name and Address of New Registered Agent:

SCHAAF, JOANN
4595 ALIX LN
MIMS, FL 32754 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: JOANN SCHAAF

04/13/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCHAAF, TIMOTHY
Address: 4595 ALIX LN
City-St-Zip: MIMS, FL 32754 US

Title: DP () Delete
Name: SCHAAF, JOANN
Address: 495 ALIX LN
City-St-Zip: MIMS, FL 327545059

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOANN SCHAAF

DP

04/13/2007

Electronic Signature of Signing Officer or Director

Date