

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102154

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ONE STOP PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

2802 SW BUENA VISTA BOULEVARD  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

**Current Mailing Address:**

2802 SW BUENA VISTA BOULEVARD  
PALM CITY, FL 34990 US

**New Mailing Address:**

**FEI Number:** 04-3825264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDWARDS, MICHAEL  
2802 SW BUENA VISTA BOULEVARD  
PALM CITY, FL FL US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: EDWARDS, MICHAEL  
Address: 2802 SW BUENA VISTA BOULEVARD  
City-St-Zip: PALM CITY, FL 34990 US

Title: VP  
Name: EDWARDS, MICHAEL  
Address: 2802 SW BUENA VISTA BOULEVARD  
City-St-Zip: PALM CITY, FL 34990 US

Title: D  
Name: EDWARDS, MICHAEL  
Address: 2802 SW BUENA VISTA BOULEVARD  
City-St-Zip: PALM CITY, FL 34990 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL EDWARDS

P

03/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date