

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


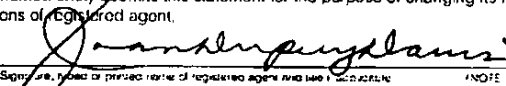
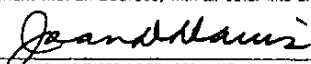
FILED
Jun 19, 2007 8:00 am
Secretary of State

05-09-2007 90103 029 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P06000141267					
1. Entity Name PROFESSIONAL SALES SERVICES, INC.					
Principal Place of Business 4509 WEST FIG STREET UNIT E TAMPA FL 33609			Mailing Address 4509 WEST FIG STREET UNIT E TAMPA FL 33609		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5877811	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHURDEN, WALTER B 611 DRUID ROAD EAST SUITE 512 CLEARWATER FL 33756				7. Name and Address of New Registered Agent Name JOAN DUPUY DAVIS Street Address (P.O. Box Number is Not Acceptable) 4509 W. FIG STREET, UNIT E City TAMPA State FL Zip Code 33609	
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  Signature, typed or printed name of registered agent and date of signing. (NOTE: Registered Agent signature required when re-registering.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P DAVIS, JOAN D <input type="checkbox"/> Delete 4509 WEST FIG STREET UNIT E TAMPA FL 33609		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date April 25, 2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		