

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000093668

FILED
Jul 15, 2009
Secretary of State

Entity Name: PROFESSIONAL RESTORATION SERVICES OF FLORIDA INC

Current Principal Place of Business:

1668 PELICAN CREEK CROSSING
ST PETERSBURG, FL 33707 US

New Principal Place of Business:

Current Mailing Address:

1668 PELICAN CREEK CROSSING
ST PETERSBURG, FL 33707 US

New Mailing Address:

FEI Number: 26-3555647

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, DARREN
1668 PELICAN CREEK CROSSING
ST PETERSBURG, FL 33707 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 () Delete
Name: SESIN, TONY M
Address: 3719 SHORE ACRES BLVD NE
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: VP,S () Delete
Name: CLARK, DARREN
Address: 1668 PELICAN CREEK CROSSING
City-St-Zip: ST PETERSBURG, FL 33707 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SESIN, ANTHONY M
Address: 3719 SHORE ACRES BLVD NE
City-St-Zip: ST PETERSBURG, FL 33703 US

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

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: ANTHONY M. SESIN

PRES

07/15/2009

Electronic Signature of Signing Officer or Director

Date