

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096025

FILED
May 01, 2009
Secretary of State

Entity Name: PROFESSIONAL SOLUTIONS CONSULTANTS, INC

Current Principal Place of Business:

3494 LIONEL ROAD
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3494 LIONEL ROAD
MIMS, FL 32754

New Mailing Address:

FEI Number: 02-3526832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROOKS, PEGGY
3494 LIONEL ROAD
MIMS, FL 32754 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

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:

Title: P () Delete
Name: CROOKS, PEGGY
Address: 3494 LIONEL ROAD
City-St-Zip: MIMS, FL 32754

Title: VST () Delete
Name: RHODES, BONNIE L
Address: 3494 LIONEL ROAD
City-St-Zip: MIMS, FL 32754

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: RHODES, BONNIE L
Address: 3494 LIONEL ROAD
City-St-Zip: MIMS, FL 32754

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: PEGGY CROOKS

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date