

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009611

FILED
Jan 05, 2004
Secretary of State

Entity Name: PROFESSIONAL SERVICE ASSOCIATES, INC.

Current Principal Place of Business:

1251 SEMINOLA BLVD.
SUITE 200
CASSELBERRY, FL 327073527

New Principal Place of Business:

Current Mailing Address:

1251 SEMINOLA BLVD.
SUITE 200
CASSELBERRY, FL 327073527

New Mailing Address:

FEI Number: 59-3150962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALEY, SARA S
4814 E. LAKE DR.
WINTER SPRINGS, FL 327084610 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARKS, MICHAEL
Address: 1842 W FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: P () Delete
Name: RALEY, SARA
Address: 1842 W FAIRBANKS AVE
City-St-Zip: WINTER PARK, FL 32789

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STARKS, MICHAEL
Address: 1251 SEMINOLA BLVD STE#200
City-St-Zip: CASSELBERRY, FL 327073527

Title: P (X) Change () Addition
Name: RALEY, SARA
Address: 1251 SEMINOLA BLVD. STE #200
City-St-Zip: CASSELBERRY, FL 327073527

Title: D () Change (X) Addition
Name: RALEY, WILLIAM H
Address: 1251 SEMINOLA BLVD STE#200
City-St-Zip: CASSELBERRY, FL 327073527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM H. RALEY

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date