

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 002 ***150.00

DOCUMENT # P92000013234

1. Entity Name
PROVIDER EARNINGS PROTECTION SERVICES, INC.



Principal Place of Business
**2529 KINGSLAND AVENUE
ORLANDO, FL 32808 US**

Mailing Address
**2529 KINGSLAND AVENUE
ORLANDO, FL 32808 US**

50041642



2. Principal Place of Business
2704 RewCircle

3. Mailing Address
2704 RewCircle

City & State
Orlando FL

City & State
Orlando, FL

04192005 Chg-P CR2E034 (10/03)

4. FEI Number
62-1521761

Applied For
Not Applicable

Zip
34761

Country
USA

Zip
34761

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMBROSKI, JOHN S
7019 BELVOIR DRIVE
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name **John S. Dembroski**
Street Address (P.O. Box Number is Not Acceptable)
15320 Starleigh Rd.
City **Winter Garden** **FL** Zip Code **34787**

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 **John S. Dembroski**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE **VTD** ☐ Delete
NAME **EAYRS, ALLAN**
STREET ADDRESS **9613 AMBLESIDE DRIVE**
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE **PSD** ☐ Delete
NAME **DEMBROSKI, JOHN S**
STREET ADDRESS **15320 STARLEIGH RD**
CITY-ST-ZIP **WINTER GARDEN, FL 34787**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: **John S. Dembroski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 **407 872-0040**
Date Daytime Phone #