

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000002725

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: FLORIDA PROFESSIONAL SYSTEMS INC.

**Current Principal Place of Business:**

3755 N.INDIAN RIVER DR.  
COCOA, FL 32926 US

**New Principal Place of Business:**

**Current Mailing Address:**

3755 N.INDIAN RIVER DR.  
COCOA, FL 32926 US

**New Mailing Address:**

FEI Number: 59-3156498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, JAMES T  
3755 N.INDIAN RIVER DRIVE  
COCOA, FL 32926 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: VP ( ) Delete  
Name: JORDAN, JAMES T  
Address: 3755 N INDIAN RIVER DR  
City-St-Zip: COCOA, FL 32926

Title: P ( ) Delete  
Name: POLITO, GRACE M  
Address: 67 CYPRESS IN THE WOODS  
City-St-Zip: PORT ORANGE, FL 32129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: JAMES T. JORDAN

VP

04/13/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date