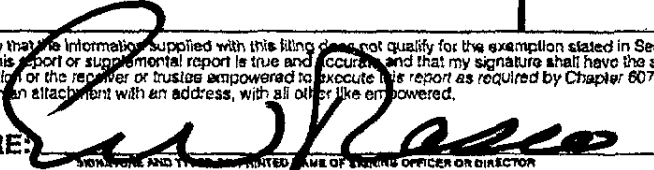


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000022385		
1. Entity Name PROFESSIONAL RESOURCES UNLIMITED, INC.		
Principal Place of Business 5121 BOWDEN RD STE 310 JACKSONVILLE, FL 32216 US		Mailing Address 5121 BOWDEN RD STE 310 JACKSONVILLE, FL 32216 US
DO NOT WRITE IN THIS SPACE		
		 03242005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3166181 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Applied For Not Applicable
6. Name and Address of Current Registered Agent WILBUR, JOHN H 112 W ADAMS ST STE 1700 JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-issuing) 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		U000000300130 04/12/05-80005-021 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASCO, ELWYN 5121 BOWDEN RD, STE 310 JACKSONVILLE, FL 32216	
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TITLE NAME STREET ADDRESS 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)(l), 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:  4/11/05 204.355.5740 SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		