

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000027794 1. Entity Name PROFESSIONAL INDUSTRIAL HYGIENE SERVICES, INC.	
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Principal Place of Business 1611 MAYFAIR ROAD SUITE 202 JACKSONVILLE, FL 32207 US	Mailing Address 1611 MAYFAIR ROAD SUITE 202 JACKSONVILLE, FL 32207 US
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04162004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3178626

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOPKINS, WS
2597 PIRATES BAY DR.
FERNANDINA BCH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

9. 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 William S. Hopkins 4/16/04

Signature must be printed name of registered agent and be applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000117370
04/19/04 00016 015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, WILLIAM S 2597 PIRATES BAY DR. FERNANDINA BCH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: William S. Hopkins 4/16/04

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Filing Office