


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000051824 1. Entity Name PROFESSIONAL PUBLICATIONS, INC.	
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Principal Place of Business 224 N KENTUCKY AVE LAKELAND, FL US	Mailing Address PO BOX 25017 LAKELAND, FL 33801-4901 US
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01062004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3290287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAVEN, WESLEY A
834 CUMBERLAND ST.
LAKELAND, FL 33801

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAVEN, WESLEY A 834 CUMBERLAND ST. LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HOLLOWAY, JAMES B. 1100 OAKBRIDGE PKWY #247 LAKELAND, FL 33803
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100000001453
01/12/04-60009-020.150.00

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: *James B. Holloway* 1-7-04 883-802-5043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #