


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan-27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000056994 1. Entity Name PROFESSIONAL SERVICES DRS., INC.		
Principal Place of Business 4937 CLARK RD. SARASOTA, FL 34233	Mailing Address P O BOX 21698 SARASOTA, FL 34276	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ASKINS, PHILIP H 4937 CLARK ROAD #200 SARASOTA, FL 34233		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000403602 02/06/06-80013-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASKINS, JR., ROLAND 4937 CLARK RD. SARASOTA, FL 34233	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ASKINS, PHILIP H 4937 CLARK ROAD #200 SARASOTA, FL 34233	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		