## **2008 FOR PROFIT CORPORATION**

## ANNUAL REPORT

Jan 23, 2008 8:00 am Secretary of State 01-23-2008 90006 044 \*\*\*158.75 DOCUMENT # P95000060584 FLORIDA PROFESSIONAL SERVICE ASSOCIATES, INC. 40008531 Principal Place of Business Mailing Address 3205 CR 664 3205 CR 664 **BOWLING GREEN, FL 33834** BOWLING GREEN, FL 33834 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0601802 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, ELLEN E Street Address (P.O. Box Number is Not Acceptable) 3205 CR 664 BOWLING GREEN, FL 33834 Zip Code F١ 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete MILE TITLE X Addition SMITH JOSEPH, F NAME NAME ELLEN E. SMITH STREET ADDRESS 3205 CR 664 STREET ADDRESS 3205 CR 664 BOWLING GREEN, FL 33834 CITY-ST-ZIP CITY-SI-ZiP BOWLING GREEN, FL 33834 TITLE VD Delete THLE ☐ Addition Change MCANGUS, JOHN NAME NAME STREET ADDRESS 3205 CR 664 STREET ADDRESS CITY-ST-ZIP BOWLING GREEN, FL 33834 CITY-S1-ZIP VD **X** Delete ☐ Addition Change MCANGUS, NICHOLAS NAME NAME STREET ADDRESS 3205 CR 664 STREET ADDRESS BOWLING GREEN, FL 33834 CITY-ST-7IP CUY-\$1-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 be seculated 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 officer in the empowered.

CITY-SI-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**