2004 FOR PROFIT CORPORATION

Feb 09, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P95000093083 1. Entity Name PROFESSIONAL PARKING SERVICES, INC. Principal Place of Business Mailing Address 461 NORTH LOGAN BLVD. 461 NORTH LOGAN BLVD. NAPLES, FL 33999 NAPLES, FL 33999 01312004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 67-5063376 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CURTIS, THOMAS DO NOT WRITE 461 N LGAN BLVD NAPLES, FL 33999 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campalgn Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ME NAME **CURTIS, THOMAS** U00000043294 02/10/04-80059-002 150.00 461 N LOGAN BLVD STREET ADDRESS CITY-ST-ZIP NAPLES, FL NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED