## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Sep 13, 2004 8:00 am Secretary of State **DOCUMENT # P96000048405** 1. Entity Name 09-13-2004 90001 047 \*\*\*150.00 PROFESSIONAL PLACEMENT SERVICES, INC. Principal Place of Business 5224 S MALDIEL AVENUE Mailing Address P.O. BOX 130536 54072577 TAMPA, FL 33611 TAMPA, FL 33681-0536 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 08312004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For City & State City & State 59-3387430 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAJO, PEDRO F Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHLEY DRIVE **SUITE 1500** TAMPA, FL 33602 Zip Code City 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 FILE NOW!!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAMÉ ETHERIDGE, SUSAN G NAME STREET ADDRESS 5224 S. MACDILL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33611 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition -- □ Change 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

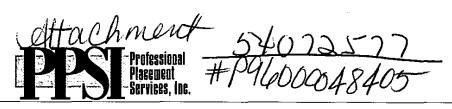
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Susan Etheridge, President

**FILED** 



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September 8, 2004

Florida Department of State Division of Corporations 2670 Executive Center Circle Suite 100 Tallahassee, FL 32301

Re: FEI Number 59-3387430

Dear Sir or Madam:

Enclosed is the completed 2004 For Profit Corporation Annual Report and a check in the amount of one hundred fifty and 00/100 dollars (\$150.00) which covers our annual corporation filing fee for 2004.

Unbeknownst to me, our registration and annual payment did not go through earlier due to technical difficulties with your website, <a href="www.sunbiz.org">www.sunbiz.org</a>. Additionally, we did not receive a Notice of Filing Annual Report via U.S. Mail. In light of this situation, I ask that you waive any penalty associated with a late filing.

Sincerely

Susan Etheridge Esquire

President, Professional Placement Services, Inc.

Encl.