

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90034 029 ***150.00

DOCUMENT # P96000069952

1. Entity Name
PROFESSIONAL RESOURCE MANAGEMENT, INC.



Principal Place of Business

3120 SW 27TH AVE.
SUITE 200
OCALA, FL 34474

Mailing Address

3120 SW 27TH AVE.
SUITE 200
OCALA, FL 34474

94031772



2. Principal Place of Business

3307 S.W. 26TH AVE.

3. Mailing Address

3307 S.W. 26TH AVE.

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

OCALA, FL

City & State

OCALA, FL

02102004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3405455

Applied For

Not Applicable

Zip

Country

Zip

Country

34474

34474

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEORGE F. INDEST III, ESQUIRE
220 E. CENTRAL PARKWAY
SUITE 2030
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name

JAY PRAVDA

Street Address (P.O. Box Number is Not Acceptable)

3307 S.W. 26TH AVE., #101

City

OCALA,

FL

Zip Code

34474

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 reappointing)

3/5/04

DATE

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

PTS
PRAVAD, JAY
3120 SW 27TH AVE. #200
OCALA, FL 34474

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

3307 S.W. 26TH AVE., SUITE 101
OCALA, FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/04

Date

352-598-8866

Daytime Phone #