## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000015086

Entity Name: PROFESSIONAL EMPLOYEE LEASING, INC.

**FILED** Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

250 MIRROR LAKE DRIVE N. 235 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

**Current Mailing Address: New Mailing Address:** 

250 MIRROR LAKE DRIVE N. 235 2ND AVENUE SOUTH ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33701

FEI Number: 59-3427399 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DOBBS, ROBERT L DOBBS, ROBERT L 250 MIRROR LAKE DR. NORTH 235 2NĎ AVENUE SOUTH SAINT PETERSBURG, FL 33701 US SAINT PETERSBURG, FL 33701 US

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.

SIGNATURE: 04/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: () Delete

City-St-Zip:

DOBBS, ROBERT L Name: 250 MIRROR LAKE DR. N. Address: City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VΡ (X) Delete Name: CROOMS, STANLEY N 250 MIRROR LAKE DR. N. Address: SAINT PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

DOBBS, ROBERT L Name: 235 2ND AVENUE SOUTH Address: City-St-Zip: SAINT PETERSBURG, FL 33701

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L. DOBBS PD 04/30/2009