## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000040709**

1. Entity Name PROFESSIONAL PLACEMENTS, INC.



Principal Place of Business

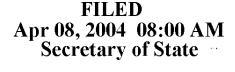
SIGNATURE:

Mailing Address

3840 WEST HILLSBORO BLVD. #229 3840 WEST HILLSBORO BLVD.

#229 #229 DEERFIELD, FL 33442 DEERF

DEERFIELD, FL 33442





## DO NOT WRITE IN THIS SPACE

02092004 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0750957 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SENNELLO, GENDRA K 3840 WEST HILLSBORO BLVD 229 DEERFIELD BEACH, FL 33442

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE Signature, typed or printed name of regulative agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOWIII 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	U00000106855 U4/U8/U4-80033-014 150.00
10.	ÖFFICERS AND DIREC	TORS			
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENNELLO, GENDRA K 3840 W HILLSBORO BLVD 229 DEERFIELD BEACH, FL 33442				
title Name Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-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 cath; 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 an other like empowered.					