


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000046577</b>	
1. Entity Name <b>PROFESSIONAL REALTY AND MANAGEMENT SERVICES, INC.</b>	

Principal Place of Business <b>950 NORTH FEDERAL HIGHWAY SUITE 219 POMPANO BEACH, FL 33062</b>	Mailing Address <b>950 NORTH FEDERAL HIGHWAY SUITE 219 POMPANO BEACH, FL 33062</b>
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01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0755575</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LAYNE, FREDRIC B 950 NORTH FEDERAL HIGHWAY SUITE 219 POMPANO BEACH, FL 33062</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	D LAYNE, FREDRIC B 950 NORTH FEDERAL HIGHWAY SUITE 219 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAYNE, DOUGLAS 950 NORTH FEDERAL HIGHWAY SUITE 219 POMPANO BEACH, FL 33062
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000000013235  
01/26/04-80045-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Feb 6, 2004* (954) 783-2004  
Date Daytime Phone \*