## 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

**ANNUAL REPORT** 

**DOCUMENT # P97000086758** 1. Entity Name PROFESSIONAL IMPROVEMENT CORP

5 CORP



**FILED** Apr 29, 2004 08:00 AM Secretary of State

Principal Place of Business

1510 ANDREWS AVE SE PALM BAY, FL 32909

Mailing Address

1510 ANDREWS AVE SE PALM BAY, FL 32909



04262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3482000

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GENTILE, STEPHEN A 1510 ANDREWS AVE SE PALM BAY, FL 32909

SIGNATURE:

## 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. If 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 agnature required when reinstating) OATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign I     Trust Fund Contribut		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GENTILE, STEPHEN A 1510 ANDREWS AVE SE PALM BAY, FL 32909				U00390137924 U4/29/04-80360-007 150.00
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 GITY-ST-ZIP					
TITLE NAME STREET ADDRESS 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 diffector 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.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR