2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064423

Name:

Address: City-St-Zip: PETTY, ELIZABETH A

876 WHITE EAGLE CIRCLE

ST AUGUSTINE, FL 32086

Entity Name: PROFESSIONAL REAL ESTATE SERVICES, INC.

FILED Apr 27, 2006 Secretary of State

•			· , · · · - ·		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3149 PONCE DE LEON BLVD., STE 8 SAINT AUGUSTINE, FL 32084				1699-E US 1 SOUTH SAINT AUGUSTINE, FL 32084	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
3149 PONCE DE LEON BLVD., STE 8 SAINT AUGUSTINE, FL 32084				1699-E US 1 SOUTH SAINT AUGUSTINE, FL 32084	
FEI Number:	59-3526624	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
3149 N. PC	.IZABETH A DNCE DE LE STINE, FL 3	EON BLVD.,STE.9 82084 US	1699-E US 1 SOUTH	PETTY, ELIZABETH A 1699-E US 1 SOUTH ST. AUGUSTINE, FL 32084 US	
	named entit of Florida.	y submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ELIZABETH A. PETTY				04/27/2006	
		onic Signature of Registered Ag	ent	Date	
Election Car	npaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BROWNING, 40 BEACHC	() Delete VIVIAN C DMBER WAY STINE, FL 32084	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PETTY, LLO 876 WHITE I	(X) Delete YD D EAGLE CIRCLE INE, FL 32086	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: VIVIAN C. BROWNING PD 04/27/2006