


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90035 036 \*\*\*150.00

<b>DOCUMENT # P98000070022</b>	
1. Entity Name <b>PROFESSIONAL MORTGAGE SOLUTIONS, INC.</b>	

Principal Place of Business <b>2800 PLACIDA ROAD, SUITE 101 ENGLEWOOD, FL 34224</b>	Mailing Address <b>2800 PLACIDA ROAD, SUITE 101 ENGLEWOOD, FL 34224</b>
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**94030765**



2. Principal Place of Business <b>2550 Placida Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>2550 Placida Rd</b> Suite, Apt. #, etc.
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02192004 Chg-P CR2E034 (10/03)

City & State <b>Englewood FL</b>	City & State <b>Englewood FL</b>
Zip <b>34224</b>	Zip <b>34224</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0857103</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOSSMAN, BRENDA STARR 2800 PLACIDA ROAD, SUITE 101 ENGLEWOOD, FL 34224</b>	
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7. Name and Address of New Registered Agent Name <b>(Same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>2550 Placida Rd</b> City <b>Englewood</b> FL Zip Code <b>34224</b>	
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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 <b>Brenda Starr Bossman</b> DATE <b>3/13/04</b> <small>Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOSSMAN, BRENDA STARR 2424 PLACIDA ROAD, UNIT 303D ENGLEWOOD, FL 34224</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <b>Brenda Starr Bossman</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>3/13/04 (941) 474-8528</b> <small>Date Daytime Phone #</small>