

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

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

DOCUMENT # P98000070022

1. Entity Name  
PROFESSIONAL MORTGAGE SOLUTIONS, INC.



Principal Place of Business  
2800 PLACIDA ROAD, SUITE 101  
ENGLEWOOD, FL 34224

Mailing Address  
2800 PLACIDA ROAD, SUITE 101  
ENGLEWOOD, FL 34224

2. Principal Place of Business  
2550 Placida Rd  
Suite, Apt. #, etc.

3. Mailing Address  
2550 Placida Rd  
Suite, Apt. #, etc.

City & State  
Englewood FL  
Zip 34224

City & State  
Englewood, FL  
Zip 34224

Country USA  
34224

Country USA  
34224

4. FEI Number  
65-0857103

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOSSMAN, BRENDA STARR  
2800 PLACIDA ROAD, SUITE 101  
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent  
Name (Same)  
Street Address (P.O. Box Number is Not Acceptable)  
2550 Placida Rd

City Englewood  
FL Zip Code 34224

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: *Brenda Stan Boosman* (Signature, typed or printed name of registered agent and officer if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE: *31/3/04*

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSSMAN, BRENDA STARR	NAME		
STREET ADDRESS	2424 PLACIDA ROAD, UNIT 303D	STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD, FL 34224	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS		STREET ADDRESS		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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 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 empowerments.

SIGNATURE: *Brenda Stan Boosman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/04 (941) 474-8528  
Date Daytime Phone #