


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000092913	
1. Entity Name PROFESSIONAL BUILDING MANAGEMENT COMPANY	

Principal Place of Business 1023 MANATEE AVENUE WEST BRADENTON, FL 34205	Mailing Address 1023 MANATEE AVENUE WEST BRADENTON, FL 34205
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873727	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLADFELTER, LESLIE H 1023 MANATEE AVENUE WEST BRADENTON, FL 34205
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLADFELTER, LESLIE H 3302 W SAN PEDRO STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRIMES, CALEB J 3612 16TH AVENUE EAST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, JOHN D 321 32ND STREET WEST BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/23/04-80039-006 150.00

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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: JOHN D. HAWKINS, PRESIDENT 1-21-04 9417480151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #