

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000030443

1. Entity Name
PROFIT PARTNERS, INC.



Principal Place of Business
244 SW DALTON CIRCLE
PORT SAINT LUCIE, FL 34953

Mailing Address
244 SW DALTON CIRCLE
PORT SAINT LUCIE, FL 34953



05012004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0889596

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BERNARD, MICHAEL D
244 SW DALTON CIRCLE
PORT SAINT LUCIE, FL 34953

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000155613
05/05/04-20045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERNARD, MICHAEL D
STREET ADDRESS	244 SW DALTON CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	STD
NAME	BERNARD, RICHARD P
STREET ADDRESS	244 SW DALTON CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(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:

Richard Bernard SECY-TRES

4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #