

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 041 ***150.00

DOCUMENT # P99000037304					
1. Entity Name THE PROFESSIONAL EMPLOYEE, INC.					
Principal Place of Business 2323 DEL PRADO BLVD SUITE 7, PMB 361 CAPE CORAL, FL 33990			Mailing Address P O DRAWER 60205 FT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address % JOHN M. WICKER, P.A. P.O. DRAWER 60205 FORT MYERS, FL 33906			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0921066	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D 12670 NEW BRITTANY BLVD STE 101 FT MYERS, FL 33907			7. Name and Address of New Registered Agent Name: _____ Street: JOHN M. WICKER, P.A. 12670 NEW BRITTANY BLVD., STE 101 FORT MYERS, FL 33907 City: _____ Zip Code: _____		
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 registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, DINA D 1904 SE 20TH LN CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CLARK, LESTER JR 1904 SE 20TH LN CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			04/03/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40064334



01212008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name: _____
Street: JOHN M. WICKER, P.A.
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907
City: _____ Zip Code: _____

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 registering)

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: 04/03/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR