


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90045 005 \*\*\*150.00

<b>DOCUMENT # P99000044784</b> 1. Entity Name <b>PROFESSIONAL BUSINESS &amp; TAX SERVICES, INC.</b>																													
Principal Place of Business <b>9141 CYPRESS GREEN DRIVE #2 JACKSONVILLE, FL 32256</b>			Mailing Address <b>9141 CYPRESS GREEN DRIVE #2 JACKSONVILLE, FL 32256</b>																										
2. Principal Place of Business <b>7899 BAYMEADOWS WAY</b> Suite, Apt. #, etc. <b>6</b>		3. Mailing Address <b>8932 ADAMS WALK DR.</b> Suite, Apt. #, etc.																											
City & State <b>JACKSONVILLE</b>		City & State <b>JACKSONVILLE</b>		4. FEI Number <b>59-3576873</b>																									
Zip <b>32256</b>		Country <b>Duval</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>SARKAR, SUNIL K 8932 ADAMS WALK DRIVE JACKSONVILLE, FL 32257</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<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 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PDST</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KUMAR SARKAR, SUNIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8932 ADAMS WALK DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32257</td> <td></td> </tr> </table>			TITLE	PDST	<input type="checkbox"/> Delete	NAME	KUMAR SARKAR, SUNIL		STREET ADDRESS	8932 ADAMS WALK DRIVE		CITY-ST-ZIP	JACKSONVILLE, FL 32257		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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:** Sunil K. Sarkar **SUNIL K. SARKAR** **3/22/04** **904-733-1150**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #