

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90189 022 ***150.00

DOCUMENT # P99000076747

1. Entity Name
PROFESSIONAL COMMUNICATIONS SYSTEMS, INC.



Principal Place of Business
**5426 BEAUMONT CENTER BLVD
STE 35
TAMPA, FL 33634**

Mailing Address
**333 E FRANKLIN ST
RICHMOND, VA 23219**

24067979



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2499093

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYAN, J STEWART III
STREET ADDRESS	333 E FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219
TITLE	VPM
NAME	STEPHENS, RAY A
STREET ADDRESS	5426 BEAUMONT CTR BLVD. SUITE 35
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	VP
NAME	ZIMMERMAN, JAMES A
STREET ADDRESS	111 NORTH FOURTH STREET
CITY-ST-ZIP	RICHMOND, VA 23219
TITLE	S
NAME	MAHONEY, GEORGE L
STREET ADDRESS	333 E FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219
TITLE	T
NAME	MORTON, MARSHALL N
STREET ADDRESS	333 E FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219
TITLE	P
NAME	BRYAN, J. STEWART III
STREET ADDRESS	333 E. FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219

**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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04