

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90442 010 \*\*\*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

**40090717**



04172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2499093	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	MORTON, MARSHALL N
STREET ADDRESS	333 EAST 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	VPS
NAME	MAHONEY, GEORGE L
STREET ADDRESS	333 E FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219
TITLE	T
NAME	SCHAUSS, JOHN A
STREET ADDRESS	333 E FRANKLIN ST
CITY-ST-ZIP	RICHMOND, VA 23219
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 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:** *John A. Schauss* John A. Schauss, Treasurer

4/24/07

804-649-6699

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #