

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S19885

FILED
Apr 22, 2005
Secretary of State

Entity Name: PROFESSIONAL FURNITURE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3212 N 40TH STREET
104 B
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4763
TAMPA, FL 336774763

New Mailing Address:

FEI Number: 59-3043207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALES, HERMAN
3116 W. DEWEY STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

GONZALES, HERMAN P
12404 RUSTIC VIEW CT.
TAMPA, FL, FL 33635 US

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.

SIGNATURE: HERMAN GONZALES

04/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALES, HERMAN,
Address: 12404 RUSTIC VIEW CT
City-St-Zip: TAMPA, FL 33635

Title: D () Delete
Name: GONZALES, DOREEN,
Address: 12404 RUSTIC VIEW CT
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMAN GONZALES

P

04/22/2005

Electronic Signature of Signing Officer or Director

Date