


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V00795 1. Entity Name PROFESSIONAL SERVICES OF POLK COUNTY, INC.	
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Principal Place of Business 2050 ARIANA BLVD. AUBURNDALE, FL 33823	Mailing Address 2050 ARIANA BLVD. AUBURNDALE, FL 33823
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FILED
07 SEP 20 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3102156	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEREUS, MARK T 1548 ARIANA BLVD. AUBURNDALE, FL 33823
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**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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEREUS, MARK T 1548 ARIANA BLVD. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DEREUS, MARJORIE A 2050 ARIANA BLVD. AUBURNDALE, FL 33823
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000109713560
09/20/07--01049--013 **550.00

**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: Mark T. Dereus **MARK T. DEREUS** 09/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #