2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90321 040 ***150.00

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03152007 Chg-P CR2E034 (12/06)

DOCUMENT # V22995

1. Entity Name
PROFESSIONAL SITE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
3701 STATE RD 580 SUITE B OLDSMAR, FL 34677 US	3701 STATE ROAD 580 SUITE B OLDSMAR, FL 34677 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2721 Merchant Ave		2721 Merchant Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Odessa Fl		City & State: Odessa Fl	
Zip: 33556	Country: U.S.	Zip: 33556	Country: US

4. FEI Number: 59-3114849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWARD, JULIUS E JR 3701 S.R. 580 SUITE B OLDSMAR, FL 34677	Name: Street Address (P.O. Box Number is Not Acceptable): 2721 Merchant Ave City: Odessa FL Zip Code: 33556

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] J.E. Howard Jr. Director DATE 4/12/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, JULIUS E 3701 S.R. 580 SUITE B OLDSMAR, FL 34677 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2721 Merchant AVE Odessa Fl 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, CHARLES E II 3701 S.R. 580 SUITE B OLDSMAR, FL 34677 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2721 Merchant AVE Odessa, Fl 33556
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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: [signature] J.E. Howard, Jr. 4/12/07 813-854-2445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #