# I hereby 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 all other like empowered.

Ρ

SIGNATURE: THERESA A KIMBLE-GRIMES

Electronic Signature of Signing Officer/Director Detail

#### **Officer/Director Detail :**

Title P. T

## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000082777

### Entity Name: PROFESSIONAL PROJECT MANAGEMENT, INC.

#### **Current Principal Place of Business:**

689 REILLYS ROAD PORT ORANGE, FL 32127

### **Current Mailing Address:**

689 REILLYS ROAD PORT ORANGE. FL 32127

## FEI Number: 27-1085345

### Name and Address of Current Registered Agent:

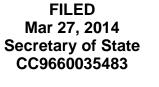
KIMBLE-GRIMES, THERESA A 689 REILLYS ROAD PORT ORANGE, FL 32127 US

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:	THERESA A KIMBLE-GRIMES

Electronic Signature of Registered Agent

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KIMBLE-GRIMES, THERESA A
689 REILLYS ROAD
PORT ORANGE FL 32127



Certificate of Status Desired: No

03/27/2014 Date

03/27/2014

Date