

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K86013

FILED
Apr 26, 2004
Secretary of State

Entity Name: PRO-CO INCORPORATED

Current Principal Place of Business:

740 FLORIDA CENTRAL PKWY
2028
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

740 FLORIDA CENTRAL PKWY
2028
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-2949494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLEN, BRIAN J.
581 FOX HUNT CIR.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

MULLEN, BRIAN J.
581 FOX HUNT CIR.
LONGWOOD, FL 32750 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: BRIAN J MULLEN

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: MULLEN, BRIAN J
Address: 581 FOX HUNT CIR.
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: MULLEN, MARGARET B
Address: 581 FOX HUNT CIR.
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: GRABE, WILLIAM
Address: 740 FLORIDA CENTRAL PKWY
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: BRIAN J MULLEN

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date