

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K86013

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: PRO-CO INCORPORATED

**Current Principal Place of Business:**

910 BELLE AVE  
1000  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

910 BELLE AVE  
1000  
WINTER SPRINGS, FL 32708 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:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

Title: V  
Name: GRABE, WILLIAM  
Address: 910 BELLE AVE  
City-St-Zip: WINTER SPRINGS, FL 32708

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.

SIGNATURE: BRIAN J MULLEN

PT

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date