2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # P07000010122 1. Entity Name PROTRANSMASTERS II INC					02-21-2008 9	0019 004 ***15	0.00
Principal Plac	e of Business	Mailing Address		ሗህ∪⊷			
8990 US 1		8990 US 1			•		
WABASSO, FL 32970 WABASSO, FL 32970							
				1 16911691 111	6917) 18611 96171 BB711 BB111		CIACLILITEEL
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012008	Chg-P	CR2E034 (12/06)	
City & State SEBASTIAN FL		City & State SRBASTIAN FL		4. FEI Numbe	822656	3 A	pplied For
Zip 72958 Country		Zip32958	Zip 3 2 9 5 8 Country		of Status Desired	☐ \$8.75 Ad	
,,,	6. Name and Address of Current F			7. Name and	Address of New Re	Fee Require	3d
			Name -			-	. · · ·
BOYDSTON, WILLIAM 4245 BERRY ROAD			Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
GRANT, F				Charles (1.0. Box remiser to recognizate)			
			City			FL Zip Coo	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or req	gistered agent, or bot	h, in the State of Flor	ida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	legistered Agent signature re	equired when reinstating)		DATE	
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign F Trust Fund Contribut							
				\$5.00 May Be Added to Fees			
	ay 1, 2008 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contrib		Added to Fees		CERS AND DIRECTOR	IS IN 11
After Ma	ay 1, 2008 Fee will be \$550.0 OFFICERS AND D	Trust Fund Contrib	ution.	Added to Fees		CERS AND DIRECTOR	IS IN 11
After Ma	OFFICERS AND DE BOYDSTON, WILLIAM	Trust Fund Contrib DIRECTORS	11. TITLE NAME	Added to Fees			
10. TITLE NAME STREET ADDRESS	OFFICERS AND I P BOYDSTON, WILLIAM 4245 BERRY ROAD	Trust Fund Contrib DIRECTORS	11. ITILE NAME STREET ADDRESS	Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DE BOYDSTON, WILLIAM	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees		☐ Change	Addition .
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2. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes: 1 turner certify that it is 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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x2-11-01 1321403/4/6