


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 13, 2008 8:00 am
Secretary of State

04-24-2008 90097 005 ***150.00

| | | | |
|--|---------------------------------|--|---|
| DOCUMENT # P07000094372 | |  | |
| 1. Entity Name PRIDE BUSINESS PROFESSIONALS INC. | | | |
| Principal Place of Business 908 DEL MONACO AVENUE INTERLACHEN, FL 32148 | | Mailing Address 908 DEL MONACO AVENUE INTERLACHEN, FL 32148 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address PO Box 2280 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Interlachen FL | |
| Zip | Country | Zip | Country |
| | | 32148 | US |
| 4. FEI Number | | 74-3254940 | |
| 5. Certificate of Status Desired | | <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Applied For | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| GIBSON, MARY A 908 DEL MONACO AVENUE INTERLACHEN, FL 32148 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | CEO | TITLE | |
| NAME | GIBSON, MARY A | NAME | |
| STREET ADDRESS | 908 DEL MONACO AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | INTERLACHEN, FL 32148 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | CCO | TITLE | |
| NAME | GIBSON, JOSH M | NAME | |
| STREET ADDRESS | 908 DEL MONACO AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | INTERLACHEN, FL 32148 | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
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| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Mary A. Gibson</u> | | Date: <u>3-24-08</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | |
| | | 386.659.1155 <small>Dejone Phone #</small> | |

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