


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90114 022 \*\*\*150.00

<b>DOCUMENT # 696291</b>	
1. Entity Name PROGRESSIVE HOME INVESTORS, INC.	

Principal Place of Business 2257 CLEVELAND AVE FT MYERS, FL 33901 US	Mailing Address <b>CHANGE OF ADDRESS</b> <del>P.O. BOX 1594</del> FT MYERS, FL 33902 US 523 RETUNDA PARKWAY CAPE CORAL, FL 33904
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01262008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2753239	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

DUPRE, ROBERT J  
523 RETUNDA PARKWAY  
CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUPRE, ROBERT J 523 RETUNDA PARKWAY CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUPRE, DOROTHY J 523 RETUNDA PARKWAY CAPE CORAL, FL 33904
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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: Dorothy J Dupre **DOROTHY J DUPRE** 4/21/08 239-573-9974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #