

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000000827**

1. Entity Name

PRO-INTEGRITY SECURITIES, INC.



Principal Place of Business

1125 JUDSON RD., #182  
LONGVIEW, TX 75601

Mailing Address

1125 JUDSON RD., #182  
LONGVIEW, TX 75601



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number

75-2743824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MARON, ROBERT C  
485 EAU GALLIE BLVD  
SATELLITE BEACH, FL 32937

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	PERRY, WILLIAM M
STREET ADDRESS	1125 JUDSON RD #182
CITY - ST - ZIP	LONGVIEW, TX 75601
TITLE	VP
NAME	JACKSON, TAMMY
STREET ADDRESS	1125 JUDSON RD 182
CITY - ST - ZIP	LONGVIEW, TX 75601
TITLE	VP
NAME	SAPAUGH, MARVIN
STREET ADDRESS	1125 JUDSON RD 182
CITY - ST - ZIP	LONGVIEW, TX 75601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

0000001164931  
07/09/04-80009-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

76-04 903-757-9800