2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000003874

1. Entity Name
PRO-TRACK CORP.

Principal Place of Business	Mailing Address
417 OAK PLACE #2	417 OAK PLACE #2
PORT ORANGE, FL 32127	PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
34-1526903	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ROBERT
125 CREEK CROSSING
DAYTONA BEACH, FL 32128

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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**
 After May 1, 2004 Fee will be $550.00 | 9. Election Campaign Financing
 Trust Fund Contribution. ☐ | **$5.00** May Be
 Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PCD
NAME	HERMAN, ROBERT
STREET ADDRESS	125 CREEK CROSSING
CITY-ST-ZIP	DAYTONA BEACH, FL

TITLE	S
NAME	HERMAN, LINDA
STREET ADDRESS	125 CREEK CROSSING
CITY-ST-ZIP	DAYTONA BEACH, FL

TITLE	.
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000030999
02/04/04-80133-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Robert Herman_   1-26-04   386 763 5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #