

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90021 015 \*\*\*150.00

**DOCUMENT # F02000003515**

1. Entity Name  
**FLORIDA PRO-LINE INTERNATIONAL, INC.**



Principal Place of Business  
**2121 PANORAMIC CIRCLE  
DALLAS, TX 75212**

Mailing Address  
**2525 ARMITAGE AVE  
MELROSE PARK, IL 60160**

40104001



2. Principal Place of Business - No P.O. Box #  
**2525 ARMITAGE AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04012008 Chg-P CR2E034 (12/06)

City & State  
**MELROSE PARK, IL**  
Zip  
**60160**

City & State  
Zip  
Country

4. FEI Number  
**95-2634140**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
NICOLETTI, RALPH J  
2525 ARMITAGE AVE.  
MELROSE PARK, IL 60160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
MARINO, VINCENT J  
2525 ARMITAGE AVE  
MELROSE PARK, IL 60160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
SPIEGEL, STEVEN  
2525 ARMITAGE AVE  
MELROSE PARK, IL 60160** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AT  
ANDERS, REED  
2525 ARMITAGE AVE  
MELROSE PARK, IL 60160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPT  
HOELSCHER, PAUL W  
2525 ARMITAGE AVE.  
MELROSE PARK, IL 60160** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SCHMIDT, GARY P  
2525 ARMITAGE AVE  
MELROSE PARK, IL 60160** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR & SR. VICE PRES,  
NICOLETTI, RALPH J.  
2525 ARMITAGE AVE.  
MELROSE PARK, IL 60160** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-08 708-450-3193  
Date Daytime Phone #