

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003352

FILED
Apr 25, 2005
Secretary of State

Entity Name: PROGRESSIVE RETAIL SERVICES, INC.

Current Principal Place of Business:

9105-A OWENS DRIVE, SUITE 202
MANASSAS PARK, VA 20111

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 785
MANASSAS PARK, VA 20113

New Mailing Address:

FEI Number: 03-0466240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOXEY, DOUGLAS J
5350 10TH AVENUE N., #6
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CT () Delete
Name: DOXEY, DOUGLAS
Address: 5350 10TH AVENUE N., #6
City-St-Zip: LAKE WORTH, FL 33463

Title: VCP () Delete
Name: DUKEMAN, STUART
Address: 9105-A OWENS DRIVE, SUITE 202
City-St-Zip: MANASSAS PARK, VA 20111

Title: V () Delete
Name: SEELEY, ED
Address: 9105-A OWENS DRIVE, SUITE 202
City-St-Zip: MANASSAS PARK, VA 20111

Title: S () Delete
Name: DOXEY, JOANN
Address: 5350 10TH AVENUE N., #6
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS DOXEY

CT

04/25/2005

Electronic Signature of Signing Officer or Director

Date