2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F28818

1. Entity Name
PROGRESSIVE CORPORATION

Principal Place of Business	Mailing Address
9340 N. 56TH ST SUITE 222C TAMPA, FL 33617 US	PO BOX 16873 TAMPA, FL 33687 US

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

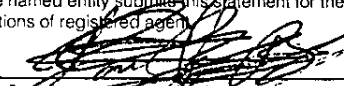| 4. FEI Number	Applied For
59-2187086	Not Applicable

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

6. Name and Address of Current Registered Agent

BOLTON SR, JON C
9340 N. 56T ST
222C
TAMPA, FL 33617

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
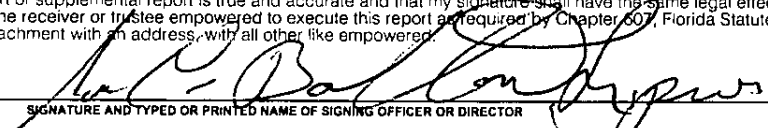
FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U000000747887
05/17/07-80042-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOLTON SR, JON C
STREET ADDRESS	9340 N 56TH ST #222C
CITY-ST-ZIP	TAMPA, FL 33617

TITLE	V
NAME	BOLTON, ELIZABETH A
STREET ADDRESS	9340 N 56TH #222C
CITY-ST-ZIP	TAMPA, FL 33617

TITLE	V
NAME	BOLTON, ELIZABETH A
STREET ADDRESS	9340 N. 56TH ST #222C
CITY-ST-ZIP	TAMPA, FL 33617

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/23/07

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