


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # F32038	
1. Entity Name PRO INDUSTRIES, INC.	

Principal Place of Business 2605 HIGHWAY 60 WEST POST OFFICE BOX 291 MULBERRY, FL 33860	Mailing Address 2605 HIGHWAY 60 WEST POST OFFICE BOX 291 MULBERRY, FL 33860
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2109582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PERES, LEON 2605 HIGHWAY 60 WEST MULBERRY, FL 33860
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000786181 01/17/08-80023-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERES, BEVERLY 15931 JESSAMINE RD SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO PERES, LEON 15931 JESSAMINE ROAD SAN ANTONIO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIXON, GENE 1205 S. SUNSET AVE. BARTOW, FL
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:  **1-14-08 8634254991**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #