

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90014 007 \*\*\*150.00

**DOCUMENT # F79588**

1. Entity Name

**PROBST & ASSOCIATES, INC.**



Principal Place of Business

250 PARK SHORE DR  
SUITE 701  
NAPLES FL 34103  
US

Mailing Address

250 PARK SHORE DRIVE #701  
NAPLES FL 34103  
US

2. Principal Place of Business

1983 S. CLUB DR.

Suite, Apt. #, etc.

WELLINGTON, FL

City & State

WELLINGTON, FL.

Zip

33414

Country

PALM BEACH

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2260135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PROBST, RUTH H  
250 PARK SHORE, STE 701  
NAPLES FL 33940

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

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME PROBST, MERLE V  
STREET ADDRESS 250 PARKSHORE DR #701  
CITY-ST-ZIP NAPLES FL 34103

TITLE DPST ☐ Delete  
NAME PROBST, RUTH H  
STREET ADDRESS 250 PARKSHORE DR #701  
CITY-ST-ZIP NAPLES FL 34103

TITLE DVP ☐ Delete  
NAME PROBST, RICHARD A  
STREET ADDRESS HC1-271B  
CITY-ST-ZIP EAGLE HARBOR MI 49950

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition  
NAME PROBST MERLE V  
STREET ADDRESS 1983 S. CLUB DR  
CITY-ST-ZIP WELLINGTON, FL. 33414

TITLE DPST ☒ Change ☐ Addition  
NAME PROBST, RUTH H.  
STREET ADDRESS 1983 S. CLUB DR.  
CITY-ST-ZIP WELLINGTON, FL. 33414

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

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

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

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

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:**

*Ruth H. Probst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 561-333-5005  
Date Daytime Phone #