

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90310 030 ***158.75

DOCUMENT # F97000001788

1. Entity Name
PRO-GUARD INTERNATIONAL, INC.



Principal Place of Business
**26051 MERIT CIRCLE, #104
LAGUNA HILLS, CA 92653**

Mailing Address
**PO BOX 3615
LAGUNA HILLS, CA 92654-3615**

94049721



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

33-0732302

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **HASAN, SHAFIQ**
STREET ADDRESS **26051 MERIT CIRCLE #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

TITLE **CPD** ☐ Delete
NAME **HASAN, KATHRYN**
STREET ADDRESS **26051 MERIT CIRCLE #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

TITLE **STD** ☐ Delete
NAME **EDITH MOORE, MARY**
STREET ADDRESS **26051 MERIT CIRCLE #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

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 **P/C/D** ☒ Change ☐ Addition
NAME **HASAN, SHAFIQ**
STREET ADDRESS **26051 MERIT CIRCLE, #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

TITLE **V/D** ☒ Change ☐ Addition
NAME **HASAN, KATHRYN**
STREET ADDRESS **26051 MERIT CIRCLE, #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

TITLE **V/D** ☒ Change ☐ Addition
NAME **MOORE, EDITH MARY**
STREET ADDRESS **26051 MERIT CIRCLE #104 LH, CA 92653**
CITY-ST-ZIP **S/T**

TITLE ☐ Change ☒ Addition
NAME **WILSON, BONNIE**
STREET ADDRESS **26051 MERIT CIRCLE, #104**
CITY-ST-ZIP **LAGUNA HILLS, CA 92653**

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: *Bonnie Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

Date **4/6/04** (949) 348-7045

Date

Daytime Phone #