2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J20016

1. Entity Name
PROMMCO MANUFACTURING, INC.

Principal Place of Business	Mailing Address
18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331	18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331

03252004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-2687859		Not Applicable

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

6. Name and Address of Current Registered Agent

PASTRAN, RAUL E
333 NE 8TH STREET
HOMESTEAD, FL 33030

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

U00000112271
04/14/04--00016-021 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	POPE, DOUGLAS W
STREET ADDRESS	18210 S.W. 60TH ST.
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331

TITLE	DV
NAME	POPE, GLORIA W
STREET ADDRESS	18210 S.W. 60TH ST.
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33331

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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)(l), 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: _____   4/12/04

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