


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J20016</b> 1. Entity Name PROMMCO MANUFACTURING, INC.	
---	---

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



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2687859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 \_\_\_\_\_

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POPE, DOUGLAS W 18210 S.W. 60TH ST. SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POPE, GLORIA W 18210 S.W. 60TH ST. 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	

U00000369175  
06/08/05-80003-005 \$50.00

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:** GLORIA W. POPE GLORIA POPE 6/6/05 954-680-2058  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #