

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90013 048 ***150.00

DOCUMENT # J63242

1. Entity Name

PRO'S CHOICE, INC.



Principal Place of Business

PO BOX 1266
NEW PORT RICHEY FL 34656-1266

Mailing Address

PO BOX 1266
NEW PORT RICHEY FL 34656-1266



2. Principal Place of Business

6809 STONE HEATH
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 290007
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

PORT ORANGE FL

City & State

PORT ORANGE FL

4. FEI Number

59-2872317

Applied For

Not Applicable

Zip

32128

Country

FLORIDA

Zip

32129

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPLE, PATRICIA L.
7316 HIDEAWAY TRL
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name PATRICIA L. TEMPLE

Street Address (P.O. Box Number is Not Acceptable)
6809 STONE HEATH LN.

City PORT ORANGE FL

Zip Code 32128

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

Patricia L. Temple

PATRICIA L. TEMPLE LESLIE 3-14-06

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, 2006 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 PD ☐ Delete
NAME LESLIE, PATRICIA L.
STREET ADDRESS 7316 HIDEAWAY TRL
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VP ☐ Delete
NAME TEMPLE, FRANK
STREET ADDRESS 2550 S. NOVA RD. #1
CITY-ST-ZIP DAYTONA BEACH FL 32119

TITLE P ☐ Delete
NAME FLESHLIE, JAMES
STREET ADDRESS 7316 HIDEAWAY TRAIL
CITY-ST-ZIP NEW PORT RICHEY FL 34655

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 6809 STONE HEATH LN
CITY-ST-ZIP PORT ORANGE FL 32128

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

TITLE ☒ Change ☐ Addition
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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 exemptions contained in Section 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:

J.F. Leslie

3-14-06 386-765-8380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #