

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # J74887

1. Entity Name
COR/PRO, INC.



Principal Place of Business

**P.O. BOX 1974
PONTE VEDRA BEACH, FL 32004-1974**

Mailing Address

**P.O. BOX 1974
PONTE VEDRA BEACH, FL 32004-1974**



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2818807

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LISTON, PHILIP J.
924 PONTE VEDRA BLVD
PONTE VEDRA BCH., FL 32082**

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LISTON, PHILIP J.
STREET ADDRESS	924 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BCH., FL
TITLE	VPS
NAME	LISTON, PARTICIA E.
STREET ADDRESS	924 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA BCH., FL
TITLE	DP
NAME	LISTON, COLIN
STREET ADDRESS	PO BOX 1974
CITY-ST-ZIP	PONTE VERDA, FL 32004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/05-80065-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/05