2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# J74887

Entity Name: COR/PRO, INC.

Current Principal Place of Business:

186 ROSCOE BLVD NORTH
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1974
PONTE VEDRA BEACH, FL 320041974

New Mailing Address:

FEI Number: 59-2818807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LISTON, PHILIP J.
186 ROSCOE BLVD NORTH
PONTE VEDRA BCH., FL 32082 US

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.

SIGNATURE: 01/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LISTON, PHILIP J.,
Address: 924 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BCH., FL

Title: VPS ( ) Delete
Name: LISTON, PARTICIA E.,
Address: 924 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BCH., FL

Title: DP ( ) Delete
Name: LISTON, COLIN
Address: PO BOX 1974
City-St-Zip: PONTE VERDA, FL 32004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LISTON, PHILIP J.,
Address: 186 ROSCOE BLVD NORTH
City-St-Zip: PONTE VEDRA BCH., FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN LISTON DP 01/19/2009
Electronic Signature of Signing Officer or Director — Date