2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00079

FILED Jan 29, 2004 Secretary of State

Entity Name: PROGRESSIVE AUTO PRO INSURANCE AGENCY, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
4030 CRE BUILDING	SCENT PARK	DRIVE			
	W, FL 33569	US			
Current N	lailing Addres	ss:	New Maili	ing Address:	
	SON MILLS RE)			
#W33 MAYFIELD	O VILLAGE, OH	H 44143			
FEI Number	: 58-1772717	FEI Number Applied For ()	FEI Number Not App	clicable () Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	: Name and	Address of New Registered Agent:	
1200 S. PI	ORATION SYS NE ISLAND RO ION, FL 33324	DAD			
	e named entity : e of Florida.	submits this statement for th	ne purpose of changing i	its registered office or registered agent, or both,	
SIGNATUI					
	Electror	nic Signature of Registered .	Agent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	RENWICK, GLI 6300 WILSON		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BASCH, JEFFR 6300 WILSON		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DOMECK, BRIA 625 ALPHA DR		Title: Name: Address: City-St-Zip:	P (X) Change () Addition RENWICK, GLENN M 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	
Title: Name: Address: City-St-Zip:	SHRALLOW, D 6300 WILSON		Title: Name: Address: City-St-Zip:	S (X) Change () Addition SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143	
Title: Name: Address: City-St-Zip:	PETERSON, S 6300 WILSON		Title: Name: Address: City-St-Zip:	T (X) Change () Addition KING, THOMAS A 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	
Title:	()) Delete	Title: Name:	D () Change (X) Addition FORRESTER, W. THOMAS II	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFERY W. BASCH VP 01/29/2004

VP/DANE A SHRALLOW 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143

VP/JAMES L. KUSMER 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143

VP/CHARLES E. JARRETT 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143

VP/W. THOMAS FORRESTER, II 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143