

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 001 \*\*\*150.00

<b>DOCUMENT # K80255</b> 1. Entity Name <b>PROGRESSIVE BASICS, INC.</b>					
Principal Place of Business <b>1855 WELLS ROAD SUITE B ORANGE PARK, FL 32073 US</b>			Mailing Address <b>P.O. BOX 922 ORANGE PARK, FL 32067 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AKEL, DANIEL 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202</b>			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when renaming) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEESE, TIMOTHY H</b>		NAME		
STREET ADDRESS	<b>2600 RIVER PLACE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEESE, KAREN B</b>		NAME		
STREET ADDRESS	<b>2600 RIVER PLACE LN</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ORANGE PARK, FL 32073</b>		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DYER, JAMES H</b>		NAME		
STREET ADDRESS	<b>11116 TRAPPERS CREEK</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RALEIGH, NC 27614</b>		CITY-ST-ZIP		
TITLE	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ST DYER, HOLLY</b>		NAME		
STREET ADDRESS	<b>11116 TRAPPPERS CREEK</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>RALEIGH, NC 27614</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Karen B Deese / Karen B. Deese</u> <u>4/30/05</u> <u>1-904-264-7468</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					