

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90314 009 \*\*\*158.75

**DOCUMENT # L34478**

1. Entity Name  
**PRO-CARP, INC.**



Principal Place of Business  
**2179 SANTA PAULA DR  
DUNEDIN, FL 34698 US**

Mailing Address  
**2179 SANTA PAULA DR  
DUNEDIN, FL 34698 US**

**50042991**



01232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2978812**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CLUFF, MARVIN C  
2179 SANTA PAULA DR  
DUNEDIN, FL 34698**

**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 of registered agent or limited name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/05**

**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 NAME STREET ADDRESS CITY - ST - ZIP	VMD CLUFF, MARVIN C 2179 SANTA PAULA DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MABEY, ROBERT <del>870 46TH LN</del> <b>1619 Nebraska Ave</b> <b>34683</b> PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MABEY, RONDA <del>870 46TH LANE</del> <b>1619 Nebraska Ave</b> <b>34683</b> PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLUFF, MARTHA 2179 SANTA PAULA DR DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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

**SIGNATURE:**

SIGNATURE AND DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARVIN CLUFF**

Date

Daytime Phone #

**4/16/05 (727) 781-4515**