


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90044 039 ***150.00

DOCUMENT # L38276	
1. Entity Name PRO PATH, INC.	

Principal Place of Business 12128 PATTERSON AVENUE PORT CHARLOTTE, FL 33981	Mailing Address 12128 PATTERSON AVENUE PORT CHARLOTTE, FL 33981
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2. Principal Place of Business - No P.O. Box # 30040 BERMONT RD	3. Mailing Address 30040 BERMONT RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Punta Gorda FL	City & State Punta Gorda FL
Zip 33982	Country Charlotte
Country Charlotte	Zip 33982

40112406



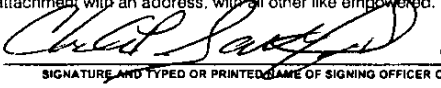
07232008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SATTERFIELD, CHARLES P. 12128 PATTERSON AVENUE PORT CHARLOTTE, FL 33981	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  Signature, typed or printed name of registered agent and title if applicable.	DATE 7-26-08 DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, CHARLES P. 12128 PATTERSON AVE. PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Charles Satterfield 30040 BERMONT RD Punta Gorda FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SATTERFIELD, DAWN E. 12128 PATTERSON AVE. PORT CHARLOTTE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dawn Satterfield 30040 BERMONT RD Punta Gorda FL 33982 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSKIRK, ELIZABETH ANN 1940 PENNSYLVANIA AVENUE ENGLEWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 7-26-08 DATE

941 575 0939

To. Fl. Dept of State
From Charles Satterfield -

ATTACHMENT

40112462

#L 38278

I Just Received the notice to Dissolve my Corporation. I am writing this Letter to ask For a waiver of the late fee For I moved to a new address Late Last year and Did not Receive my Original Filing Fee Notice. As tight as Every thing is I would have never let it be Late. and the \$400.00 Penalty would really hurt my Family

Thank you
Charles Satterfield