2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # L65931

1. Entity Name

PROGRESSIVE INVESTMENTS, INC. OF SANTA ROSA



Principal Place of Business

% PHILLIP JONES 6408 HWY 90 #4 MILTON, FL 32570 Mailing Address % PHILLIP JONES 6408 HWY 90 #4 MILTON, FL. 32570

DO NOT WRITE IN THIS SPACE

01042006	No Chg-P	CR2E034 (11/05)
CTIAL mbas	·	Applied For

FILED

Apr 10, 2006 08:00 AM Secretary of State

59-3029561

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

JONES, PHILLIP 6408 HWY 90 SUITE 4 MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the p the obligations of registered agent.	ourpose of changing its registered office or registered agent, or bot	h, in the State of Florida. It am familier with, and accept		
SIGNATURE Superture, typed or printed name of registered egent, and title if applicable. (NOTE Registered Agent signature requires when reinstating) OATE				
FILE NOWILL FEE IS \$150.00 — After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			

OFFICERS AND DIRECTORS 10. TRILE NAME

U00000498351 04/22/06-80090-011 150.00

JONES, PHILLIP STREET ADDRESS 6408 HWY 90 #4 CITY-ST-ZIP MILTON, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 507, 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IME NAME STREET ADDRESS CITY-ST-ZIP

4-1-06

850-623-0332