## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

TURE AND TYPED OR PRINTED NAME O

SIGNING OFFICER OR DIRECTOR

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # M87160** 05-02-2005 90471 050 \*\*\*150.00 PRO REALTY GROUP, INC. 40016334 Principal Place of Business Mailing Address 5471 SPRING HILL DR 5471 SPRING HILL DR SPRING HILL, FL 34606 SPRING HILL, FL 34606 US 2. Principal Place of Business 3. Mailing Address 3031 Landover Blvd Suite, Apt. #, etc. 3031 Landover Blvd Suite, Apt. #, etc. 04292005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied Far 59-2901276 Spring Hill, Not Applicable Spring Hi Country Zip \$8.75 Additional 5. Certificate of Status Desired USA Fee Required <u> 34608</u> USA 34608 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARTER, DAVID R Bruce M. Harlan Street Address (P.O. Box Number is Not Acceptable) 5308 SPRING HILL DR SPRING HILL, FL 34606 2963 Gulf to Bay Blvd. Ste 265 City <u>Clearwater,</u> 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 4/29/05 SIGNATURE BRUCE M HARLAN ESO. Signatura, typed or printed name of registered agent and title in applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PS TITLE Delete TITLE ☐ Addition PS HURLEY, JOSEPH NAME NAME HURLEY, JOSEPH STREET ADDRESS 5471 SPRING HILL DR STREET ADDRESS Address SPRING HILL, FL 34606 CITY-ST-ZIP CITY - ST- ZIP 3031 Landover Blvd. TITLE ☐ Delete TITLE SPRING HILL, FLA 34608 □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 addition, with all other like empowered.

**FILED** 

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