

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90332 016 \*\*\*\*70.00

**DOCUMENT # N02000003794**

1. Entity Name

PRONICA, INC.



Principal Place of Business

130 NINETEENTH AVENUE SOUTH EAST  
SAINT PETERSBURG FL 33705-2810

Mailing Address

130 NINETEENTH AVENUE SOUTH EAST  
SAINT PETERSBURG FL 33705-2810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0546987

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTNEY, LOUIS D  
4805 SOUTH HIMES AVENUE  
TAMPA FL 33611

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME WINGARD, KATHRYN  
STREET ADDRESS 205 110TH AVENUE  
CITY-ST-ZIP TREASURE ISLAND FL 33706-4611

TITLE ☒ Change ☐ Addition  
NAME RUTH HYDE PAINE  
STREET ADDRESS 551 25TH AVE SE  
CITY-ST-ZIP ST. PETERSBURG, FL 33705-3311

TITLE ☐ Delete  
NAME MAHAL, BARBARA K  
STREET ADDRESS 120 17TH AVENUE SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33701-5906

TITLE ☐ Change ☐ Addition  
NAME ~~PAINE~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME JOHNSON, MARTHA J  
STREET ADDRESS 9100 #1 PARK BLVD  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE ☒ Change ☐ Addition  
NAME Director ALBERT WEBBER  
STREET ADDRESS 335 Nautilus Court  
CITY-ST-ZIP FT. MYERS, FL 33908-1614

TITLE ☐ Delete  
NAME HAIGH, HERBERT S  
STREET ADDRESS 651 6TH AVENUE NORTH  
CITY-ST-ZIP TIERRA VERDE FL 33715-2000

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME WOLFE, BARBARA  
STREET ADDRESS 17920 BURNSIDE DR  
CITY-ST-ZIP LUTZ FL 33548-4438

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 617, 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:** *Ruth Hyde Paine* RUTH HYDE PAINE 27 April 04 727-895-3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #