


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000003794</b> 1. Entity Name <b>PRONICA, INC.</b>	
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Principal Place of Business <b>130 NINETEENTH AVENUE SOUTH EAST SAINT PETERSBURG, FL 33705-2810</b>	Mailing Address <b>130 NINETEENTH AVENUE SOUTH EAST SAINT PETERSBURG, FL 33705-2810</b>
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04072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>82-0546987</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**PUTNEY, LOUIS D  
4805 SOUTH HIMES AVENUE  
TAMPA, FL 33611**

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11000000303155

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

04/13/05-80099-021 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAINE, RUTH H 551 25TH AVE SE SAINT PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAHAL, BARBARA K 120 17TH AVENUE SOUTH SAINT PETERSBURG, FL 337015906
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBBER, ALBERT 335 NAUTILUS COURT FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAIGH, HERBERT S 651 6TH AVENUE NORTH TIERRA VERDE, FL 337152000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, BARBARA 17920 BURNSIDE DR LUTZ, FL 335484438
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 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 Treas. 11 April 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #