

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003794

FILED
Mar 17, 2008
Secretary of State

Entity Name: PRONICA, INC.

Current Principal Place of Business:

130 NINETEENTH AVENUE SOUTH EAST
SAINT PETERSBURG, FL 337052810

New Principal Place of Business:

Current Mailing Address:

130 NINETEENTH AVENUE SOUTH EAST
SAINT PETERSBURG, FL 337052810

New Mailing Address:

FEI Number: 82-0546987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MCCOWN, DOUG
Address: 1955 MOUND PLACE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: MAHAL, BARBARA K
Address: 255 59TH ST NORTH SUITE 421
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: WEBBER, ALBERT
Address: 335 NAUTILUS COURT
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: HAIGH, HERBERT S
Address: 300 BEACH DR SUITE 1501
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: WOLFE, BARBARA
Address: 17920 BURNSIDE DR
City-St-Zip: LUTZ, FL 335484438

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOGARTY, TIMOTHY
Address: 1024 NE 21ST AVENUE
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOTCHKISS, ED
Address: 10934 109TH STREET
City-St-Zip: SEMINOLE, FL 33778

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG MC COWEN

T

03/17/2008

Electronic Signature of Signing Officer or Director

Date