

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004289

FILED
Apr 06, 2008
Secretary of State

Entity Name: PROGRESSIVE ACADEMY OF TECHNOLOGY, INC.

Current Principal Place of Business:

300 SOUTH AVENUE
FT. WALTON BCH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 698
FT. WALTON BCH, FL 32549 US

New Mailing Address:

300 SOUTH AVENUE
FT. WALTON BCH, FL 32547 US

FEI Number: 30-0096969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PEYTON, RALPH A MR.
13 RANGER ST. SW
FT. WALTON BCH, FL 32548 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: D () Delete
Name: BELK, CICIL MR
Address: 878 THE MASTERS BOULEVARD
City-St-Zip: SHALIMAR, FL 32579 US

Title: D () Delete
Name: MULLINS, JACK MR
Address: 324 SCHNEIDER DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: O () Delete
Name: PITTMAN, HOSEA D MR
Address: 6500 BELVIEW PINES PL
City-St-Zip: PENSACOLA, FL 32526 US

Title: O () Delete
Name: PEYTON, RALPH A MR
Address: 13 RANGER ST. S.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: RALPH A PEYTON

O

04/06/2008

Electronic Signature of Signing Officer or Director

Date