

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04945

Entity Name: PRO MISSIONS, INC.

FILED  
Feb 18, 2004  
Secretary of State

**Current Principal Place of Business:**

C/O W.C. JONES  
619 EIGHTH AVENUE  
CRESTVIEW, FL 325362101

**New Principal Place of Business:**

**Current Mailing Address:**

C/O W.C. JONES  
619 EIGHTH AVENUE  
CRESTVIEW, FL 325362101

**New Mailing Address:**

FEI Number: 59-2447465

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, W.C.  
5859 FRIENDSHIP LANE  
CRESTVIEW, FL 32536 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: PDC ( ) Delete  
Name: ERVIN, JIMMY, (DR),  
Address: 8351 STAVANGER COVE  
City-St-Zip: CORDOVA, TN 380187246

Title: D ( ) Delete  
Name: CLARK, PAUL A II  
Address: 960 VALLEY LANE  
City-St-Zip: COLLIERVILLE, TN 380171592

Title: D ( ) Delete  
Name: LAMBERT, JAMES T  
Address: 475 TENNESSEE RIVER LANE  
City-St-Zip: SAVANNAH, TN 383724990

Title: TSD ( ) Delete  
Name: CRONE, GEORGE E  
Address: 3570 COLLEGE ROAD  
City-St-Zip: SOUTHAVEN, MS 38672

Title: D ( ) Delete  
Name: BRAND, ERIC  
Address: 2687 MORNING WOODS DR  
City-St-Zip: CORDOVA, TN 38018

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIMMY ERVIN

DR

02/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date