

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90098 013 ****61.25

DOCUMENT # N98000002628

1. Entity Name
**PROGRESSIVE HOUSING SOLUTIONS OF FLORIDA,
INC.**



Principal Place of Business

**4500 140TH AVE., N.
STE 204
CLEARWATER, FL 33762**

Mailing Address

**4500 140TH AVE., N.
STE 204
CLEARWATER, FL 33762**



01062004 No Chg-NP

CF2E037 (10/03)

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4. FEI Number
59-3534326

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SEMPE, MARCELO J.CPA
303 S. WESTLAND AVENUE
TAMPA, FL 33606**

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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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARQUIS, FRED E
STREET ADDRESS	339 BROOKSIDE COURT
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VPD
NAME	CARR, JOHN D
STREET ADDRESS	501 31ST AVENUE
CITY-ST-ZIP	TREASURE ISLAND, FL 33704
TITLE	STD
NAME	VOLMAR, PETER J
STREET ADDRESS	265 108TH AVENUE
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

John D. Carr
JOHN D. CARR

4/14/04

Date

727-538-5583

Daytime Phone #