



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90146 021 ****61.25

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|--|--|---|--|--|--|
| 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 | | | |
| 2. Principal Place of Business 2675 50th AVE., NORTH Suite, Apt. #, etc. 123 B City & State ST. PETERSBURG, FL Zip 33714 Country PINELLAS | | 3. Mailing Address 2675 50th AVE., NORTH Suite, Apt. #, etc. 123 B City & State ST. PETERSBURG, FL Zip 33714 Country PINELLAS | | | |
| | | | |  | |
| | | | | 01272005 Chg-NP CR2E037 (10/03) | |
| | | | | 4. FEI Number 59-3534326 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SEMPE, MARCELO J CPA 303 S. WESTLAND AVENUE TAMPA, FL 33606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MARQUIS, FRED E 339 BROOKSIDE COURT PALM HARBOR, FL 34683 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD CARR, JOHN D 501 31ST AVENUE TREASURE ISLAND, FL 33704 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD VOLMAR, PETER J 265 108TH AVENUE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>John D. Carr</i> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 3/64/05 727-522-1524 Date Daytime Phone # | | |

JOHN D. CARR VPD