

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N98000002628

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



Principal Place of Business
**2675 50TH AVE NORTH
123 B
SAINT PETERSBURG, FL 33714**

Mailing Address
**2675 50TH AVE NORTH
123 B
SAINT PETERSBURG, FL 33714**



03292007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3534326	Applied For 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**

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUIS, FRED E 339 BROOKSIDE COURT PALM HARBOR, FL 34683
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARR, JOHN D 501 31ST AVENUE TREASURE ISLAND, FL 33704
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOLMAR, PETER J 6633 GREENBRIAR DR SEMINOLE, FL 33777
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/10/07-80074-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN D. CARR, VICE PRESIDENT

Date

727-522-1504
Daytime Phone #