



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000106211 1. Entity Name PROGRESSIVE LAND DEVELOPMENT, INC.		
Principal Place of Business 2248 STATE RD. 44 NEW SMYRNA BEACH, FL 32168	Mailing Address 2248 STATE RD. 44 NEW SMYRNA BEACH, FL 32168	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STORCH, GLENN D ESQ 420 NOVA RD. DAYTONA BEACH, FL 32114		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, LAWRENCE 428 QUAY ASSISI NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, DALE L PO BOX 895 NEW SMYRNA BEACH, FL 321700895	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(f), 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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3683373	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

100000283060
04/01/05-80012-007 150.00

**DO NOT WRITE
IN THIS SPACE**