

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90290 017 ***150.00

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



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3683373

Applied For
Not Applicable

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

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, LAWRENCE
STREET ADDRESS	428 QUAY ASSISI
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	WILLIAMS, DALE L
STREET ADDRESS	PO BOX 895
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321700895
TITLE	P
NAME	SMITH, LAWRENCE
STREET ADDRESS	2806 BAY VISTA CT
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

DALE L. WILLIAMS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 346-428-4349
Date Daytime Phone #