

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000030487

1. Entity Name
PROSHOP 101.COM, INC.



Principal Place of Business
6702-C PLANTATION RD
PENSACOLA, FL 32504

Mailing Address
P.O. BOX 380605
BIRMINGHAM, FL 35238



02272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3711699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUSTON, GARY W
125 W ROMANA ST, STE 800
PENSACOLA, FL 32501

**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, 2005 Fee will be \$550.00

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
PS
KOLLARS, CRAIG G
2521 RIVER TRACE CIRCLE
VESTAVIA HILLS, AL 35243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S'H
KOLLARS, BERT
33789 SOUTHRIDGE ROAD
SIOUX CITY, IA 51108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S'H
BAILEY, JAMES
1000 13TH STREET EAST
TUSCALOOSA, FL 35404

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S'H
CONWAY, MARV
3803 CALDER AVENUE
BEAUMONT, TX 77706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S'H
MONROE, ART
113 LAPALCO BLVD # 207
GRETN, FL 70066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000337929
04/28/05-80017-002 150.00

**DO NOT WRITE
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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05 205-
939-4113