## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P01000062713**

1. Entity Name PROACTIVE BUSINESS GROUP, INC.



**FILED** Jan 23, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

12350 S. BELCHER RD., #14B LARGO, FL 33773

Malling Address

12350 S. BELCHER RD., #14B LARGO, FL 33773



## DO NOT WRITE IN THIS SPACE

01092007	No Chg-P	CR2E034 (11/05)		
4. FEI Number			Applie	

59-3727653 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

STANGER, ROBERT J 144 WOODSIDE COURT SAFETY HARBOR, FL 34695

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the nurbose 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 J. JTE: Registered			ered Agent signature	Agent signature required when reinstating)  DATE				
FIL After Ma	E NOWII) FEE IS \$150.00/ ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	OTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOP STANGER, ROBERT J 12350 S. BELCHER RD., #14B LARGO, FL 33773							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STANGER, CHERYL J 12350 S. BELCHER RD., #14B LARGO, FL 33773				U00000599148 01/25/07-80015-008 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN '	THIS SPACE			
HTLE NAME STREET ADDRESS CHTY-ST-ZIP								
TITLE NAME STREET ADDRESS								

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 the empowered.

**SIGNATURE:** 

CITY-ST-ZIP