


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000095087 1. Entity Name PRO-DESIGN, INC. OF NATURE COAST	
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Principal Place of Business 12421 SR 24 CEDAR KEY, FL 32625	Mailing Address PO BOX 46 CEDAR KEY, FL 32625
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04222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2164819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAUSEY, KATHRYN F
12421 SR 24
CEDAR KEY, FL 32625**

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

**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	PDS
NAME	LANG, ADRIANNE
STREET ADDRESS	12411 GULF BLVD
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	D
NAME	LANG, GREGORY
STREET ADDRESS	12411 GULF BLVD
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	T
NAME	CAUSEY, KATHRYN F
STREET ADDRESS	12421 SR 24
CITY-ST-ZIP	CEDAR KEY, FL 32625
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80096-010 150.00

**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: K Causey C.P.A., TR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #