2004 FOR PROFIT CORPORATION (ANNUAL REPORT

Feb 26, 2004 8:00 am **DOCUMENT # P01000109793** Secretary of State 1. Entity Name 02-26-2004 90021 031 ***150.00 PROGRESSIVE EMPLOYER SERVICES IV, INC. Principal Place of Business Mailing Address 7560 COMMERCE COURT 7560 COMMERCE COURT **Y4UZIUAU** SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-3758701 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STAVROS TINGIRIDES TINGIRIEDE, STAVROS Street Address (P.O. Box Number is Not Acceptable) 804 N BELCHER ROAD SUITE 100 CLEARWATER, FL 33765 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D **K** Delete Change ☐ Addition TITLE TITLE DRIS. MICHAEL E NAME NAME 2469 ENTERPRISE RD., STE. B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition HERRIG, STEVEN NAME NAME STREET ADDRESS 7560 COMMERCE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 coo TITLE ☐ Delete TITLE Change ☐ Addition DICK, TERESA L -- --NAME STREET ADDRESS STREET ADDRESS 7560 COMMERCE COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 ☐ Change N-Addition TITLE ☐ Delete CFO NAME MICHAEL CORLEY STREET ADDRESS STREET ADDRESS 7560 COMMERCE COURT CITY-ST-7IP CITY-ST-ZIP SARASOTA, FL 34243 TITLE ☐ Change ☐ Addition ☐ Celete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME

FILED

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 empowered.

STREET ADDRESS

CiTY-ST-ZiP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

MICH 9 1 P. Ceple 2/12/04 941-925-258

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #