

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 15, 2005 8:00 am
Secretary of State**

04-15-2005 90087 012 ***150.00

DOCUMENT # P02000024497

1. Entity Name
ONE PROGRESS PLAZA, INC.



Principal Place of Business
ONE PROGRESS PLAZA, SUITE 450
ST PETERSBURG, FL 33701

Mailing Address

ONE PROGRESS PLAZA, SUITE 450
ST PETERSBURG, FL 33701

2. Principal Place of Business
One Progress Plaza
Suite, Apt. #, etc.
Suite 1230

3. Mailing Address
One Progress Plaza
Suite, Apt. #, etc.
Suite 1230

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

AVIRAM, JIMMY
ONE PROGRESS PLAZA, SUITE 450
ST PETERSBURG, FL 33701

Name

Kucera, Dean E.

Street Address (P.O. Box Number is Not Acceptable)

One Progress Plaza, Suite 1230

City

St. Petersburg

FL

Zip Code
33701

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 *Dean E Kucera*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/04/05

**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 P
NAME AVIRAM, JIMMY
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 450
CITY-ST-ZIP ST PETERSBURG, FL 33701

Delete

TITLE V
NAME KUCERA, DEAN
STREET ADDRESS ONE PROGRESS PLAZA, SUITE 450
CITY-ST-ZIP ST PETERSBURG, FL 33701

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Kucera, Dean
One Progress Plaza, Suite 1230
St. Petersburg, FL 33701*

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE: *Dean E Kucera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2005

Date

Daytime Phone #