

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054133

Entity Name: PRO BIZ, INC.

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

4590 ULMERTON ROAD
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

4590 ULMERTON ROAD
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 20-0587830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUIBERSON, ANN
4590 ULMERTON ROAD
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: GUIBERSON, ANN
Address: 4590 ULMERTON ROAD
City-St-Zip: CLEARWATER, FL 33762

Title: CH () Delete
Name: BINDMAN, MICHAEL
Address: 5156 CENTRAL AVE
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VC () Delete
Name: RILEY, ALAN
Address: 9400 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

Title: ST () Delete
Name: ADAMO, VICTOR
Address: 8200 SEMINOLE BLVD
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: KLING, CAROLYN
Address: 1120 PINELLAS BAYWAY #109
City-St-Zip: TIERRA VERDE, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY DISPENZA

DIR

03/18/2009

Electronic Signature of Signing Officer or Director

Date