


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90073 007 \*\*\*150.00

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<b>DOCUMENT # P02000068842</b> 1. Entity Name <b>PROGRESSIVE APARTMENT MANAGEMENT CO.</b>						
Principal Place of Business <b>111 - 2ND AVE NE #703 ST. PETERSBURG, FL 33701</b>			Mailing Address <b>111 - 2ND AVE NE #703 ST. PETERSBURG, FL 33701</b>			
2. Principal Place of Business <b>4201 49th St N</b> Suite, Apt. #, etc. <b>Office</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>St Petersburg FL</b>				
City & State <b>St Petersburg FL</b>		City & State  Zip <b>33709</b>		Country  		
4. FEI Number <b>90-0044531</b>				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MARTIN, JAMES W 111 - 2ND AVE NE #703 ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DELACQUESEAU, CLAUDINE R 111 - 2ND AVE NE #703 ST. PETERSBURG, FL 33701		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CLAUDE R. Delacquezeaux 470 3rd St S #702 St Petersburg, FL 33701	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <u>Carl P. Delacquezeaux President</u> 2/1/05 (727) 895-8972						