

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90074 035 ***150.00

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1. Entity Name
PROGRESSIVE MODULAR-FLORIDA, INC.



Principal Place of Business
3425 MAGGIE BLVD
ORLANDO, FL 32811

Mailing Address
P.O. BOX 617470
ORLANDO, FL 32861-7470

900103--



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3876710

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VERNER, JAMES R SR
4656 34TH STREET S.W.
ORLANDO, FL 32811

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	VERNER, JAMES E SR
STREET ADDRESS	4656 34TH STREET S.W.
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	SVP
NAME	CARBALLOS, GUILLERMO SR
STREET ADDRESS	4656 34TH STREET S.W.
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	VPGM
NAME	VERNER, JAMES R JR
STREET ADDRESS	4656 34TH STREET S.W.
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	TS
NAME	CROZIER, ROBERT A
STREET ADDRESS	4656 34TH STREET S.W.
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007

Date

Daytime Phone #