

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000098971 1. Entity Name PROGRESSIVE MODULAR-FLORIDA, INC.	
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Principal Place of Business 3425 MAGGIE BLVD ORLANDO, FL 32811	Mailing Address P.O. BOX 617470 ORLANDO, FL 32861-7470
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DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

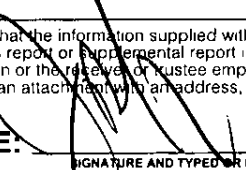
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000889944 04/22/08-80075-005 150.00
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10. OFFICERS AND DIRECTORS

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

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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:  **JAMES R. VERNER, JR** 4/7/08 407-425-3467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #