


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000032569 1. Entity Name PROGRESSIVE BASICS PROMOTIONS, INC.	
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Principal Place of Business 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073	Mailing Address 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AKEL, DANIEL D ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEESE, TIMOTHY 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073
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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:  **Tim Deese** 8-30-05 904-264-5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #